

P200000050915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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N CUI TIC
OCT 16 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOLUTION MEDICAL CENTER PA

Signature _____

Requested by: BA

10/16/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



Art of Inc. File _____



LTD Partnership File _____



Foreign Corp. File _____



L.C. File _____



Fictitious Name File _____



Trade/Service Mark _____



Merger File _____



Art. of Amend. File _____



RA Resignation _____



Dissolution / Withdrawal _____



Annual Report / Reinstatement _____



Cert. Copy _____



Photo Copy _____



Certificate of Good Standing _____



Certificate of Status _____



Certificate of Fictitious Name _____



Corp Record Search _____



Officer Search _____



Fictitious Search _____



Fictitious Owner Search _____



Vehicle Search _____



Driving Record _____



UCC 1 or 3 File _____



UCC 11 Search _____



UCC 11 Retrieval _____



Courier _____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SOLUTION MEDICAL CENTER PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PETER REITER
Name (Printed or typed)
405 N. STATE ROAD 7
Address
MARGATE FL 33063
City, State & Zip
954 790-5729
Daytime Telephone number
DRREITER@YANDEX.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Solution Medical Center

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

405 N. STATE ROAD 7
MARGATE FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific nature of the
Business is for the treatment of neuro-muscular-skeletal
conditions.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. PETER REITER CEO

Name and Title:

Address

405 N. STATE RD 7
MARGATE FL 33063

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PETER REITER

Address: 15030 FEATHERSTONE WAY
DAVIE FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER REITER

Address: 15030 FEATHERSTONE WAY
DAVIE FL 33331

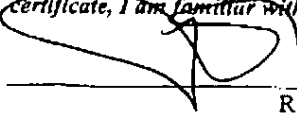
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-16-20 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

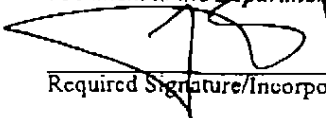
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/16/20
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/16/20
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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