

P20000099226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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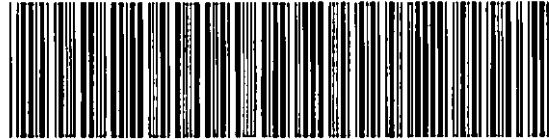
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/20--01012--015 **78.75

FILED
2020 DEC 29 PM 4:54

02-145713

COVER LETTER

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

2000 DEC 29 PM 4:54

SUBJECT: Lacy Douglas Physician Assistant & Company
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Lacy Douglas
Name (Printed or typed)

94 Lakewood Drive

Address

Panacea, FL 32346

City, State & Zip

850-933-1833

Daytime Telephone number

lacydouglas@msn.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Lacy Douglas Physician Assistant & Company 3600 DEC 29 PM 6: 54

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

94 Lakewood Drive
Panacea, FL 32346

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law in this state.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lacy Douglas / CEO Name and Title: _____

Address 94 Lakewood Drive Address: _____

Panacea, FL 32346

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: Lacy Douglas

Address: 94 Lakewood Drive

Panacea, FL 32346

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lacy Douglas

Address: 94 Lakewood Drive

Panacea, FL 32346

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Lacy Douglas

Lacy Douglas Dec 23, 2020 15:04:52

Required Signature/Registered Agent

Dec 30, 2020

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.

Lacy Douglas

Lacy Douglas Dec 30, 2020 15:04:52

Required Signature/Incorporator

Dec 30, 2020

Date