Palocoo S442 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION WOLF HOUSTON OD HOLDINGS P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
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Jul 4/5/21

COVER LETTER "

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

SUBJECT:	Wolf Houston OD Holdings, P. (PROPOSED CORPORA	A. TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	<u>—</u>		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	i		
□ \$70.00 Filing Fee	☒ \$78.75Filing Fee& Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	<u> </u>	2021 FEB		
			73557 VENEZ 2811	4-83		
FROM:	Karen S. Wolf, O.D. Name (Printed or typed)					
	241 Rum Runner Way					
	Address					
	St. Johns, FL 32259					
	City, State & Zip					
	(904) 607-3622 Daytime Telephone number					
	kwlp@aol.com					
_	E-mail address: (to be use	d for future annual report r	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 The name of the	<i>NAME</i> corporatio	n shall be:	Wolf Houston C	D Holdings	s, P.A.			<u></u>	
ARTICLE II PRINCIPAL OFFICE Principal street address					Mailing address, if different is:				
241 Rum	Runner V	Way							
St. Johns,	FL 3225	59							
ARTICLE III The purpose for			organized is:						
To Praction	ce the pr	ofession of C	Optometry as licens	ed by the S	State of Flori	da			
				<u></u>	<u></u> _				
						<u> </u>	<u> </u>	202	
		<u> </u>	<u>.</u>				•	FE8	
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ARTICLE IV The number of sl			ı) c	II.	ì
The humber of si	iiai to tii si	OCK 13,				·— ·¬, •,	1. 2. T	ڢ	ξ.
ARTICLE V	INITIAL	OFFICERS A	ND/OR DIRECTOR	<u>z</u>		•	•	50	
Name a	ınd Title:_	Karen S. W	olf, O.D., President	Nam	ne and Title:_	Gilbert Houston,	O.D.,	Secre	etary
Address	s _	241 Rum R	unner Way	Add	lress:	111 Skylar Lane			
	_	St. Johns, F	^F L 32259		_	Ponte Vedra, FL	3208	1	
	_	,			_				
Name ar	nd Title:_	Gilbert Hou	ston, O.D., Treasur	er Nam	ne and Title:_				
Address	s _	111 Skylar	Lane	Add	lress:				
	_	Ponte Vedr	a, FL 32081	<u></u>	_				
	-				_				
Name ar	nd Title:_			Nan	ne and Title:_				
Address	s _	·		Add	iress: _				
	_				_				
	_				_				

Name and Title:		Name and Title:				
Address		Address:				
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name:	Karen S. Wolf, O.D.	-				
Address:	241 Rum Runner Way	20:				
	St. Johns. FL 32259	<u>΄</u> ΄ <u>'</u> ' <u>'</u> ' <u>'</u> ' <u>'</u> ' <u>'</u> ' <u>'</u>	r			
ARTICLE VII I	NCORPORATOR	LVIER - 4 AM S	;			
The name and add	dress of the incorporator is:		17			
Name:	Karen S. Wolf, O.D.		1.7			
Address:	241 Rum Runner Way	/ fl				
	St. Johns, FL 32259	_				
Effective date, if (If an effective data) Note: If the date		es the more than five days prior or 90 days after the establing requirements, this date will not be listed as				
Having been nam certificate, I am fa	ed as registered agent to accept service of process f uniliar with and accept the appointment as register	or the above stated corporation at the place designated in this red agent and agree to act in this capacity	:			
Karen S. Wolf, O.D. Required Signature/Registered Agent		02/03/2021				
		Date				
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in a ly as provided for in s.817.135, F.S.	•			
Vaga envoctor		02/03/2021				
Required Signatur	e/Incorporator Karen S. Wolf, O.D.	Date				