

P21000048774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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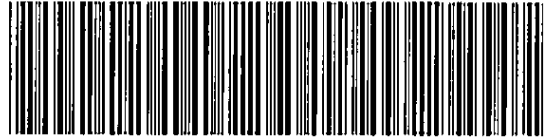
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/21/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 920686

ORDER ENTITY
KEITH BORTNIKER DPM, PA

PLEASE PERFORM THE FOLLOWING SERVICES:

KEITH BORTNIKER DPM, PA (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jjim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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: KEITH BORTNIKER DPM, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

2595 TAMPA ROAD

SUITE 0

PALM HARBOR, FL 34684

Mailing address, if different is:

2595 TAMPA ROAD

SUITE 0

PALM HARBOR, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PRACTICE OF PODIATRY

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEITH BORTNIKER, PRES.

Name and Title: _____

Address 2595 TAMPA ROAD

Address: _____

SUITE 0

PALM HARBOR, FL 34684

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECTION 101 STATE
TALLAHASSEE, FL

4.50

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: KEITH BORTNIKER

Address: 2595 TAMPA ROAD, SUITE 0

PALM HARBOR, FL 34684

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 90 STATE STREET, SUITE 815

ALBANY, NY 12207

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TALLAHASSEE, FL

FILED

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

K/Keith Bortniker
Required Signature/Registered Agent

05/20/2021
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.

Lawrence A. Kirsch
Required Signature/Incorporator

05/20/2021
Date