

P22000061167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

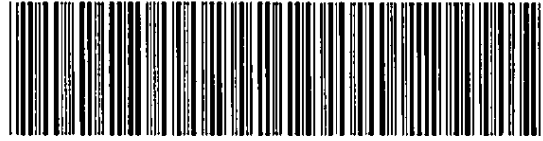
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
AUG - 4 2022

ALLAHBACCE, FLORIDA

AUG 3 PM

RECEIVED

22 AUG - 3 54 53

Incorporating Services, Ltd.

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



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 8/3/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1059734

ORDER ENTITY
PATRIOT DERMATOLOGY INC

PLEASE PERFORM THE FOLLOWING SERVICES:

PATRIOT DERMATOLOGY INC (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: Craig.Proper@erb-us.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,

A handwritten signature in black ink, appearing to be "WJ" or similar, located below the "Sincerely," text.

22 AUG -3 45 51 PM '22

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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:

PATRIOT DERMATOLOGY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5317 COLEWOOD PLACE

SARASOTA, FL 34232

1 BECCA WAY

ALLENTOWN, NJ 08501

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ERINE KUPETSKY, PRESIDENT**

Name and Title: _____

Address

1 BECCA WAY

Address: _____

ALLENTOWN, NJ 08501

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: ERINE KUPETSKY
Address: 5317 COLEWOOD PLACE
SARASOTA, FL 34232

ARTICLE VII INCORPORATOR

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

Name: ERINE KUPETSKY
Address: 5317 COLEWOOD PLACE
SARASOTA, FL 34232


ARTICLE VIII EFFECTIVE DATE:

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

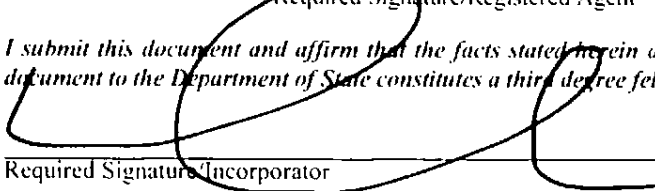
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 08/02/2022
Required Signature/Registered Agent 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.

 08/02/2022
Required Signature/Incorporator Date

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