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(Dawnest I Marris)
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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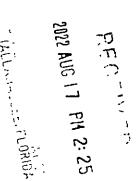
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S. CHATHAM AUG 17 2022

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CAPITAL CONNECTION, INC.

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

Michelle Chan, D.O., P.A.		
		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
	l	Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH 08/17/22		UCC 1 or 3 File
Name Date	Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In Will Pick Up		Courier

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

ARTICLE I NA.	ME Michalla Chan D.O.	Π Λ		
The name of the corp	oration shall be: Michelle Chan, D.O.,	P.A		
<u>ARTICLE II PR</u>	INCIPAL OFFICE Principal street address		Mailing address, if different is	S:
500 4 710 710 711				
BRADENTON, F	R PRESERVE BLVD.			· ····· ····
DIVIDENTON, I	2 04200			
The purpose for whi	RPOSE			
The purpose of this or	ch the corporation is organized is: ofessional corporation is to engage in the practice of i	madicing and to do as	ay and all things passesses	
incidental to that purpo	se.	Theorem and to do an	Ty and all tillings necessary, con	
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ARTICLE IV SHA	ARES		`~	,
The number of shares				
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS			
Name and T	itle: Michelle Chan, D.O., PVSTD	Name and Title:		
Address	5604 TIDEWATER PRESERVE BLVD	Address:		
, , , , , , , , , , , , , , , , , , , ,	5604 TIDEWATER PRESERVE BLVD. BRADENTON, FL 34208	_ Address		
				
Name and Ti	tle:	Name and Title:	-time	
Address		Address:		
, , , , , , , , , , , , , , , , , , , ,		_ Addicss		
		· <u>-</u>		
Name and Tit	le:	Name and Title:_		
Address		Address: _		-
		_		

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and I	lorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Blalock Walters, P.A.	_	
Address:	2 North Tamiami Trail, #400		
	Sarasota, FL 34236		
ARTICI F VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Robert Stroud		
Address:	2 North Tamiami Trail, #400		
	Sarasota, FL 34236		
ARTICLE VIII	_EFFECTIVE_DATE:		
Effective date, if	other than the date of filing:	. (OPTIONAL) I cannot be more than five days prior or 90 days after the	
(If an effective of filing.)	late is listed, the date must be specific and	l cannot be more than five days prior or 90 days after the	
Note: If the date	inserted in this block does not must the con-	plicable statutory filing requirements, this date will not be listed as	
	ffective date on the Department of State's re		
rraving been nan certificate, I am f	ied as registered agent to accept service of pr amiliar with and accept the appointment as	ocess for the above stated corporation at the place designated in this registered agent and agree to act in this capacity	
_			
	Required Signature/Registered Age	8/17/22 Date	
	ument and affirm that the facts stated here	ein are true. I am aware that the false information submitted in a	
l submit this doc	Department of State constitutes a third degre	e felony as provided for in s.817.155, F.S.	
f submit this doc document to the i			
I submit this doc document to the		8/17/22	