

P23000017273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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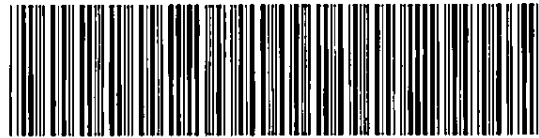
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

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 3/6/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1126121

ORDER ENTITY

PAUL CAPOBIANCO, DO, P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

PAUL CAPOBIANCO, DO, P.A. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: phoebe.gordon@usa-corporate.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, written in a cursive style.

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: PAUL CAPOBIANCO, DO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1820 NE JENSEN BEACH BLVD. #512, JENSEN BEACH, FL 34957 1820 NE JENSEN BEACH BLVD. #512, JENSEN BEACH
FL 34957

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE PRACTICE OF OSTEOPATHIC MEDICINE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL CAPOBIANCO, DIRECTOR

Name and Title: _____

Address 1820 NE JENSEN BEACH BLVD. #512

Address: _____

JENSEN BEACH, FL 34957

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: PAUL CAPOBIANCO

Address: 1820 NE JENSEN BEACH BLVD. # 512
JENSEN BEACH, FL 34957

ARTICLE VII INCORPORATOR

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

Name: PAUL CAPOBIANCO

Address: 1820 NE JENSEN BEACH BLVD. #512
JENSEN BEACH, FL 34957

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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

Paul Capobianco 3/2/2023
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.

Paul Capobianco 3/2/2023
Required Signature/Incorporator Date