

P23 000040174

(Requestor's Name)

(Address)

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☐ PICK-UP

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☐ MAIL

(Business Entity Name)

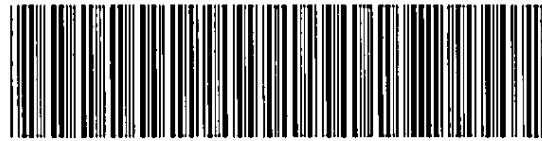
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CAPITAL CONNECTION, INC.

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

TBFB JUPITER, P.A.

Please Debit 120000000257 For: 70

Thank you Seth Neeley



Signature

Requested by: SETH

05/22

Name

Date

Time

Walk-In

Will Pick Up

17. Rental Printing - Tallahassee, GA & DC

____ 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 _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
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____ Courier _____

COVER LETTER

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

SUBJECT: TBFB JUPITER, P.A.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JONATHAN LEVINE, ESQ.

Name (Printed or typed)

951 YAMATO ROAD, SUITE 250

Address

BOCA RATON, FLORIDA 33431

City, State & Zip

(561) 994-5956

Daytime Telephone number

francescafinch@gmail.com

E-mail address: (to be used for future annual report 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 NAME

The name of the corporation shall be: TBFB JUPITER, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21 FLAX POND WOODS ROAD

SAME AS PRINCIPAL

EAST SETAUKET, NY 11733

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A VETERINARY OFFICE.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY BROWN, D.V.M. (D,P,S,T) Name and Title: _____

Address 21 FLAX POND WOODS ROAD Address: _____
EAST SETAUKET, NY 11733 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2013 MAY 28 PM 2:05

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: GALVAN MESSICK, PLLC
Address: 951 YAMATO ROAD, SUITE 250
BOCA RATON, FLORIDA 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIMOTHY BROWN, D.V.M.
Address: 21 FLAX POND WOODS ROAD
EAST SETAUKET, NY 11733

2023 MAY 22 PM 2:05
SUN
JULY 10 2023

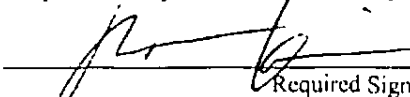
ARTICLE VIII EFFECTIVE DATE:

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

 Required Signature/Registered Agent 5/19/2023 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.

DocuSigned by: Timothy Brown 5/22/2023
Required Signature/Incorporator Date