

P24000035476

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2024

COGENCYGLOBAL

SUBJECT: BRADLEY G. WILLIAMS MD, P.A.
Ref. Number: W24000077005

*Please
Keep
Original
file date*

We have received your document for BRADLEY G. WILLIAMS MD, P.A.. However, the document has not been filed and is being returned for the following:

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
Regulatory Specialist II

Letter Number: 424A00010961

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TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/28/2024

Name: Patrice Rush

Reference #: 2372442

Entity Name: BRADLEY G. WILLIAMS MD, P.A.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$70.00

Signature: *Patrice Rush*

COVER LETTER

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

Bradley G. Williams MD, P.A.

SUBJECT: _____
(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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: Bradley G. Williams MD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address 4130 McGirts Blvd. Mailing address, if different is: _____

Jacksonville, FL 32210 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of medicine.

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bradley Williams, President Name and Title: _____

Address 4130 McGirts Blvd. Address: _____

Jacksonville, FL 32210 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Cogency Global Inc.
 Address: 115 North Calhoun Street, Suite 4
Tallahassee, FL 32301

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

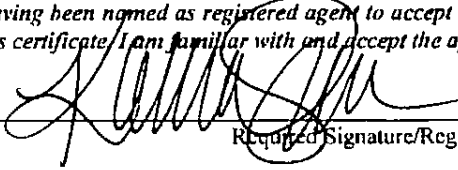
Name: Bradley Williams
 Address: 4130 McGirts Blvd
Jacksonville, FL 32210

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
 Date 5/16/24

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.

Digitally signed by
Bradley Williams
(1.3.6.1.5.5.72.1.1.1)
 Required Signature/Incorporator
 Date 5/17/2024