

P24000041634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

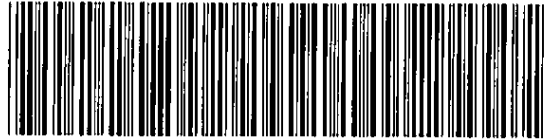
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/06/24--01011--003 \*\*70.00

2024 JUN -6 PM 12:17

## COVER LETTER

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

**SUBJECT:** Honeydew Medical Group, 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: David Futoran

Name (Printed or typed)

442 5th Ave., #1853

Address

New York, NY 10018

City, State & Zip

516-210-5600

Daytime Telephone number

pc@honeydewcare.com

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

**NOTE:** Please provide the original and one copy of the articles.

2007-09-06 PM 12:17

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: Honeydew Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

800 3rd Ave.

FRNT A, #1329

New York, NY 10022

Mailing address, if different is:

442 5th Ave., #1853

New York, NY 10018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of the corporation is to engage in the practice of medicine and other lawful activities

not prohibited to a corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brantley Tilman Jolly, President Name and Title: \_\_\_\_\_

Address 800 3rd Ave. Address: \_\_\_\_\_

FRNT A, #1329

New York, NY 10022

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2023 JUN -6 PM 2:17

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: Incorp Services, Inc.

Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312

**ARTICLE VII INCORPORATOR**

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

Name: Brantley Tilman Jolly

Address: 800 3rd Ave., FRNT A, #1329

New York, NY 10022

**ARTICLE VIII EFFECTIVE DATE:**

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

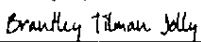
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

	Melanie Galero on behalf of InCorp Services, Inc.	May 13, 2024
	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.*

	5/29/2024
Required Signature/Incorporator	Date