

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION

GON SAMAN DPM, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
CORPORATIONS



December 20, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPUTERSHARE

SUBJECT: GON SAMAN DPM, P.A.
REF: W24000166521

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

Tabitha J Howell
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000417217
Letter Number: 824A00027672

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DIVISION OF CORPORATIONS
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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: GON SAMAN DPM, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8700 OVERSEAS HIGHWAY #F3

Mailing address, if different is:

MARATHON, FL 33050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PRACTICE OF PODIATRY MEDICINE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. GON SAMAN, President

Name and Title: _____

Address 8700 OVERSEAS HIGHWAY

Address: _____

F3

MARATHON, FL 33050

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CORPORATIONS

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: DR. GON SAMAN

Address: 8700 OVERSEAS HIGHWAY #F3

MARATHON, FL 33050

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

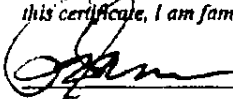
Name: DR. GON SAMAN

Address: 8700 OVERSEAS HIGHWAY #F3

MARATHON, FL 33050

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/01/2025 (OPTIONAL)

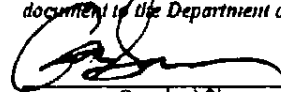
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

12/17/2024

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.

Required Signature/Incorporator

12/17/2024

Date

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 TALLAHASSEE, FLORIDA
 24 DEC 26 AM 9:45