

P25000001358

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Jeremy B. Freedman M.D., P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
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COVER LETTER

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

SUBJECT: Jeremy B. Freedman M.D., 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: Chelsea Chapman
Name (Printed or typed)

801 US Highway 1
Address

North Palm Beach, FL 33408
City, State & Zip

591-694-8107
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: Jeremy B. Freedman M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1160 96th Street, Suite #403
Bay Harbor Islands FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice of Medicine

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ARTICLE IV SHARES

The number of shares of stock is: 1000 at \$10 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeremy B. Freedman, President

Name and Title: Gittel Freedman, Vice President

Address: 10350 W. Bay Harbor Drive #9AB
Bay Harbor Islands FL 33154

Address: 10350 W. Bay Harbor Drive #9AB
Bay Harbor Islands FL 33154

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: Jeremy B. Freedman
Address: 1160 96th Street, Suite #403
Bay Harbor Islands, FL 33154

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ARTICLE VII INCORPORATOR

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

Name: Chelsea Chapman
Address: 801 US Highway 1
North Palm Beach, FL 33408

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

Jeremy B. Freedman 01/09/2025
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.

Chelsea Chapman 01/09/2025
Required Signature/Incorporator Date