

P98000059598

TRANSMITTAL LETTER

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

900002567378--0
-06/22/98--01029--004
*****70.00 *****70.00

SUBJECT:

Dr. John A. Lieurance, P.A.

(Proposed corporate name - must include suffix)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

John Andrew Lieurance

Name (Printed or typed)

846 S. Osprey Ave.

Address

Sarasota FL 34236

City, State & Zip

941-3955-6080

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUL -2 AM 7:49

APPROVED
AND
FILED

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

B. BROCK JUL 07 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 24, 1998

JOHN ANDREW LIEURANCE
846 S. OSPREY AVE.
SARASOTA, FL 34236

SUBJECT: DR. JOHN A LIEURANCE, P.A.
Ref. Number: W98000014436

We have received your document for DR. JOHN A LIEURANCE, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of 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) 487-6925.

Barbara Brock
Document Specialist

Letter Number: 798A00034606

(I see nothing under osky drs)
Greeter!

Chiropractic clinic

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Dr. John A Lieurance, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

846 S. Osprey Ave
Sarasota FL 34236

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Pam Lieurance
5295 Box Turtle Cir.
Sarasota FL 34236

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John Lieurance
5295 Box Turtle Cir
Sarasota FL 34232

Signature/Incorporator

Date

ARTICLE VI PURPOSE

The purpose of the professional association is a chiropractic clinic.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

98 JUL -2 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

6-5-98

6-17-98