

P99000036439

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

900002846419--7
-04/21/99--01079--003
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- HARRISON AVENUE MEDICAL COMPLEX INC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

XX	Profit
	Non-Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS

	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS

	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION

	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
99 APR 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 APR 21 PM 2:54

Examiner's Initials

gjc 4/21

ARTICLES OF INCORPORATION
OF
HARRISON AVENUE MEDICAL COMPLEX, INC.

ARTICLE I

The name of this corporation shall be HARRISON AVENUE MEDICAL COMPLEX, INC.

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

The primary purpose of this corporation shall be to engage in the business of real estate investing and the transaction of any and all lawful business for which a corporation may be incorporated under the laws of the State of Florida.

ARTICLE IV

The amount of capital stock authorized shall be 1,000 shares of common stock having a par value of One Dollar (\$1.00) per share, making a total authorized capital stock of One Thousand Dollars (\$1,000).

ARTICLE V

The street address of the corporation's initial registered office is 412 West 19th Street, Panama City, Florida 32405. The name of the corporation's initial registered agent at such address is SAMUEL L. COMBS, III. The street address of the

FILED
99 APR 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

corporation's principal office is 412 West 19th Street, Panama City, Florida 32405.

The street address of the registered office and business address is the same.

ARTICLE VI

The amount of capital with which this corporation shall begin its business ventures is not less than ONE THOUSAND DOLLARS (\$1,000).

ARTICLE VII

The management of the corporate affairs of this corporation shall be managed by the Board of Directors.

ARTICLE VIII

The number of directors constituting the initial Board of Directors shall be not less than two (2) nor more than five (5).

ARTICLE IX

The name and address of each person who is to serve as a member of the initial Board of Directors are:

SAMUEL L. COMBS, III, 412 West 19th Street, Panama City, Florida 32405

W. ROLAND McARTHUR, 406 West 19th Street, Panama City, Florida 32405

ARTICLE X

The name and address of the incorporator signing these Articles of Incorporation is as follows:

SAMUEL L. COMBS, III, 412 West 19th Street, Panama City, Florida 32405

ARTICLE XI

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned has made and subscribed this the Articles of Incorporation at Panama City, Florida, for the uses and purposes herein expressed this 19th day of April, 1999.

Samuel L. Combs, III
SAMUEL L. COMBS, III

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 19th day of April, 1999 by SAMUEL L. COMBS, III, who is personally known to me or who has produced WIA (type of identification) as identification and who did take an oath.

Amy P. Franklin
Signature of Notary Public

Printed Name of Notary Public

Commission No. _____

My Commission Expires _____



AMY P. FRANKLIN
MY COMMISSION # CC484337 EXPIRE
November 17, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

FILED
99 APR 21 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First - That HARRISON AVENUE MEDICAL COMPLEX, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at the City of Panama City, County of Bay, State of Florida, has named SAMUEL L. COMBS, III, located at 412 West 19th Street, City of Panama City, County of Bay, State of Florida, as its agent to accept service of process within this State.

4/19/99
Dated

Samuel L. Combs III
SAMUEL L. COMBS, III

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

Samuel L. Combs III
SAMUEL L. COMBS, III

STATE OF FLORIDA
COUNTY OF BAY

I hereby certify that on this day, before, me, an officer authorized to administer oaths and take acknowledgments, personally appeared SAMUEL L. COMBS, III, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was taken, who is personally known to me or has produced n/a as identification.

Witness my hand and official seal in the County and State last aforesaid this 19 day of April, 1999.

Amy P. Franklin
Notary Signature

Printed Name
My Commission #:
My Commission Expires:

AMY P. FRANKLIN
MY COMMISSION # CC434337 EXPIRES
November 17, 1999
BONDED THRU TROY FAIR INSURANCE, INC.