

P99000039247
TRANSMITTAL LETTER

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

000002851850--4
-04/26/99--01106--013
*****78.75 *****78.75

SUBJECT: JEWEL SCARLETT MD, INC
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 26 AM 9:45

FROM: JEWEL SCARLETT
Name (printed or typed)

12201 REEDPOND COURT
Address

JACKSONVILLE, FLORIDA 32223
City, State & Zip

904 288-8443
Daytime Telephone number

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

4-30
WS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 26 AM 9:45

ARTICLES OF INCORPORATION

OF

JEWEL SCARLETT MD, INC

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

ARTICLE I NAME

The name of the corporation shall be: JEWEL SCARLETT MD, INC

ARTICLE II PRINCIPAL OFFICE

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

3100 UNIVERSITY BLVD SOUTH SUITE 220
JACKSONVILLE, FLORIDA 32216

ARTICLE III SHARES

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

500 SHARES @ \$1 PER SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JEWEL SCARLETT
12201 REEDPOND COURT
JACKSONVILLE, FLORIDA 32223

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JEWEL SCARLETT
12201 REEDPOND COURT
JACKSONVILLE, FL 32223

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23RD day of APRIL, 19 99.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: JEWEL SCARLETT MD, INC.

2. The name and address of the registered agent and office is:

JEWEL SCARLETT

(Name)

12201 REEDPOND COURT

(P.O. Box not acceptable)

JACKSONVILLE, FLORIDA 32223

(City/State/Zip)

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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)