

TRANSMITTAL LETTER

P9900010019

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

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-11/12/99--01032--003
*****87.50 *****87.50

SUBJECT: Florida Naturopathic Medical Association, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: William D. Johnson

Name (Printed or typed)

2220 Silver Sands, Ct.

Address

Vero Beach, Florida, 32963

City, State & Zip

561-564-9914

Daytime Telephone number

FILED
99 NOV 12 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

S. Thompson NOV 16 1999

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:

Florida Naturopathic Medical Association, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1902 14th Ave., Vero Beach, Florida, 32960

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:

William D. Johnson, M.D.
2220 Silver Sands Ct.
Vero Beach, Florida 32963

ARTICLE V INCORPORATOR

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

William D. Johnson, M.D.
2220 Silver Sands Ct.
Vero Beach, Florida 32963

William D. Johnson, M.D.
Signature/Incorporator

November 9, 1999
Date

(An additional article must be added if an effective date is requested.)

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

William D. Johnson, M.D.
Signature/Registered Agent

November 9, 1999
Date

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TALLAHASSEE FLORIDA