P25000000213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

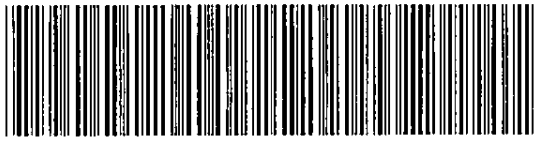
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800436270358

RECEIVED
2025 JAN -3 PM 2:37

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JOYCE SHERMAN MD PA

Please Debit **FCA000000003** For: 70

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

COVER LETTER

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

SUBJECT: Joyce --- Sherman MD PA
(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 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: Joyce Sherman MD PA
Name (Printed or typed)

200 NE 7th Ave, Unit 1
Address

Delray Beach, FL 33483
City, State & Zip

908 451 6970
Daytime Telephone number

JSherman9999@hotmail.com
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: Joyce Sherman MD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

200 NE 7th Avenue, Unit 1
Delray Beach, FL 33483

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Specific Purpose for This Professional Corporation is Medical Services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joyce Sherman, MD — President / Director

Address: 200 NE 7th Ave, Unit 1
Delray Beach, FL 33483

Name and Title: Joel Sherman, MD — Secretary / Director

Address: 1424 Prospect Ave
Plainfield, NJ 07060

Name and Title: _____

Address _____

Name and Title: _____

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: Peter H. Carney, Esq.

Address: 135 SE 5th Avenue, Ste 202

Delray Beach, FL 33483

ARTICLE VII INCORPORATOR

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

Name: Peter H. Carney, Esq.

Address: 135 SE 5th Avenue, Ste. 202

Delray Beach, FL 33483

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

/S/ Peter H Carney _____ 1/2/2025

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.

/S/ Peter H Carney _____ 1/2/2025

Required Signature/Incorporator Date