

P25000010096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

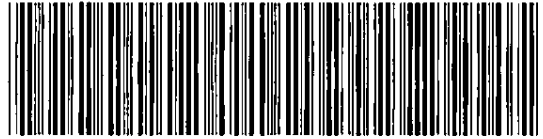
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FL  
SECRETARY OF STATE

AS

COVER LETTER

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

SUBJECT: Kindra S. Browning DO Corporation  
(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: Michelle M Hoover  
Name (Printed or typed)

1342 Colonial Blvd, Ste. B-11  
Address

Fort Myers, FL 33907  
City, State & Zip

239-481-4114  
Daytime Telephone number

mhoover@Solomonhoover.com  
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**KINDRA S. BROWNING DO CORPORATION  
11855 ARBORETUM RUN DRIVE  
FORT MYERS, FL 33913**

February 3, 2025

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

Re: Kindra S. Browning DO Corporation  
P22000016715

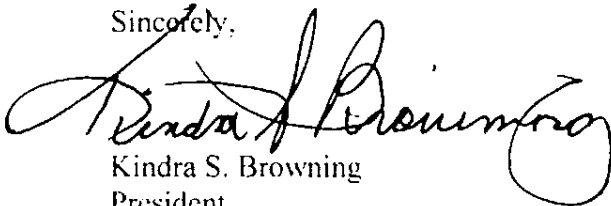
Dear Ladies and Gentlemen,

This letter is to inform you that we are releasing the name Kindra S. Browning DO Corporation and we have no intention of reinstating as a new corporation.

We respectfully request that you update your records accordingly. If you have any further questions, please feel free to call my office at 239-481-4114.

We are making application as a new corporation in the State of Florida. Please see the enclosed application along with the appropriate filing fee.

Sincerely,



Kindra S. Browning  
President

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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 Kindra S. Browning, DO Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 11855 Arboretum Run Dr  
Mailing address, if different is: \_\_\_\_\_  
Fort Myers, FL 33913

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Physician Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kindra S Browning Name and Title: \_\_\_\_\_  
Address: 11855 Arboretum Run Dr. Address: \_\_\_\_\_  
Fort Myers, FL 33913

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Solomon & Hoover CPAs PLLC  
 Address: 1342 Colonial Blvd Ste B-11  
Fort Myers, FL 33907

**ARTICLE VII INCORPORATOR**

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

Name: Kindra S Browning  
 Address: 11855 Arboretum Run Dr.  
Fort Myers, FL 33913

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 TALLAHASSEE, FL

**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*

Michelle M Hoover \_\_\_\_\_ 2/2/2025 \_\_\_\_\_  
 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.*

Kindra S Browning \_\_\_\_\_ 2/3/25 \_\_\_\_\_  
 Required Signature/Incorporator Date