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16 JUL - 8 PM 12: 00



COVER LETTER

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

SUBJECT: We are one Medical Group, 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

ADDITIONAL COPY REQUIRED

FROM: Andres Delgado
_____ Name (Printed or typed)

3169 Carthage Court
_____ Address

Orlando, Florida, 32837
_____ City, State & Zip

(305) 495-3830
_____ Daytime Telephone number

aadj@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: We are One Medical Group, Inc..

ARTICLE II PRINCIPAL OFFICE

Principal street address: <u>3169 Carthage Court. Orlando, Florida, 32837</u>	Mailing address, if different is: _____
_____	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are one is an organization created with the goal of improving the quality of life of people living with HIV and their families in Central Florida by improving their access to healthcare services. We are a team of multicultural and socially aware people from different backgrounds and experiences, compromised to join efforts and to deliver holistic care to the people living with HIV in Central Florida

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Board vote annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Andres Delgado Chairperson</u>	Name and Title: <u>Daniella Sullivan Vice-chairperson</u>
Address: <u>3169 Carthage Court</u>	Address: <u>3169 Carthage Court</u>
<u>Orlando, Florida, 32837</u>	<u>Orlando, Florida, 32837</u>
_____	_____
Name and Title: <u>Mariana Romero Treasurer</u>	Name and Title: _____
Address: <u>3130 Terry Brook Drive #612</u>	Address: _____
<u>Winter Park, Florida, 32792</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

16 JUL -8 PM 12: 00

Name and Title: _____ Name and Title: _____

Address _____ 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: Andres Delgado

Address: 3169 Carthage Court
Orlando, Florida, 32837

ARTICLE VII INCORPORATOR

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

Name: Andres Delgado

Address: 3169 Carthage Court
Orlando, Florida, 32837

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 business days prior or 90 business 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

Required Signature of Registered Agent

06/29/2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

06/29/2016

Date