# P04000169274

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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# TRANSMITTAL LETTER

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

SUBJECT: Orlando	Medical Institute, Inc (PROPOSED CORPORA	TE NAME – <u>MUSTINCL</u>	UDPSUPEX)
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM; <sup>Fel</sup>	iix J. Marquez		
<del></del>	Name	(Printed or typed)	
	6552 Bayboro Court	Address	
	Orlando, Fl 32829		
	City	, State & Zip	
	(407) 658 Davtime	-5720 Telephone number	

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



December 9, 2004

FELIX J. MARQUEZ 6552 BAYBORO COURT ORLANDO, FL 32829

SUBJECT: ORLANDO MEDICAL INSTITUTE

Ref. Number: W04000045074

We have received your document for ORLANDO MEDICAL INSTITUTE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis Regulatory Specialist II New Filings Section

Letter Number: 704A00068949

## 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:

Orlando Medical Institute, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6552 Bayboro court Orlando Fl 32829

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To provide the highest quality education in the allied health occupations, and enabling the students to become certified and confident with their knowledge and skills.

### ARTICLE IV SHARES

The number of shares of stock is:

100

### INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Felix J. Marquez Sr. President 6552 Bayboro Court Orlando, Fl 32829

Felix J. Marguez Jr. Vice President 14913 Masthead Landing Circle

Winter Park, Fl 34787

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: \_

Felix J. Marquez Sr. President 6552 Bayboro Court Orlando, FI 32829

### ARTICLE VII *INCORPORATOR*

The name and address of the Incorporator is:

Felix J. Marquez Sr. President 6552 Bayboro Court Orlando, Fl 32829

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 capacite

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