

P14000085105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 14 PM 3:25

APPROVED
AND
FILED

117

COVER LETTER

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

SUBJECT: Duarte Medical Semices Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Elizabeth Duarte
Name (Printed or typed)

15975 Arbor View Blvd #617
Address

Naples, Florida 34110
City, State & Zip

(239) 961-0820
Daytime Telephone number

eduarte729@yahoo.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)

APPROVED AND FILED

ARTICLE I NAME

The name of the corporation shall be: Duarte Medical Services Inc. 14 OCT 14 PM 3:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, SECRETARY OF STATE TALLAHASSEE, FLORIDA

15975 Arbor View Blvd #617

NAPLES, FL 34110

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or business permitted under the laws of the United States and State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 10,000 p.v. \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Duarte, President Name and Title: Elizabeth Duarte, Treasurer

Address: 15975 Arbor View Blvd #617 Address: 15975 Arbor View Blvd #617
Naples, FL 34110 Naples, FL 34110

Name and Title: Elizabeth Duarte, Secretary Name and Title:

Address: 15975 Arbor View Blvd #617 Address:
Naples, FL 34110

Name and Title: Name and Title:

Address: Address:

APPROVAL
AND
FILED (cont.)

14 OCT 14 PM 3:25

Name and Title: _____ Name and Title: _____
Address _____ Address: SECRETARY OF STATE
_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

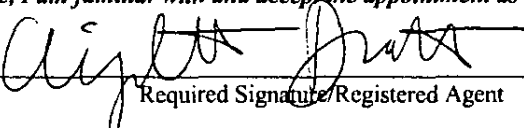
Name: Elizabeth Duarte
Address: 15975 Arbor View Blvd #617
Naples, FL 34110

ARTICLE VII INCORPORATOR

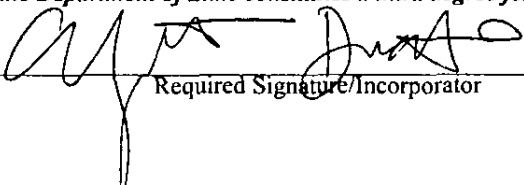
The name and address of the Incorporator is:

Name: Elizabeth Duarte
Address: 15975 Arbor View Blvd #617
Naples, FL 34110

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/Registered Agent Oct 08, 2014 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.

 Required Signature/Incorporator Oct 08, 2014 Date