N07000011089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

Bm 11/15/07

COVER LETTER

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

SUBJECT: Our Lady of Guadalupe Guild for Healthcare Workers, Dioscese of Pensacola-Tallahassee, 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: H. W. Oliver MD
Name (Printed or typed)

Suite A
2727 Capital Medical Blvd
Address

Tallahassee, FL 32308
City, State & Zip

(850) 942 2233
Daytime Telephone number

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:

Our Lady of Guadalupe Guild for Healthcare Workers, Diocese of Pensacola - Tallahassee, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2727 Capital Medical Blvd, Suite A
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical fellowship and continuing medical education

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Self perpetuating group in which members will be replaced as they leave or are removed as stated in the bylaws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

INITIAL DIRECTORS:

HW OLIVER MD, 2727 Capital Medical Blvd Suite A Tallahassee, FL 32308

JOHN THABES MD, 2617 Mitchum Dr. Suite 103 Tallahassee, FL 32308

EFROM BALTHAZAR MD, 2309 Trescott Dr, Tallahassee, FL 32308

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

HW Oliver, MD
2727 Capital Medical Blvd, Suite A
Tallahassee FL 32308

ARTICLE VII INCORPORATOR

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

HW Oliver MD
2727 Capital Medical Blvd, Suite A
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA

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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.

Signature/Registered Agent — Date 11/14/07

Signature/Incorporator — Date 11/14/07