

P03000069534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

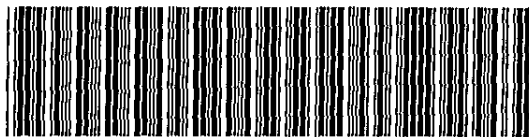
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Certified Copies _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 23 AM 7:59

Office Use Only

6/24/03

TRANSMITTAL LETTER

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

SUBJECT: Associated Medical Services, Inc.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Jorge Mesa
Name (Printed or typed)

9854 SW 222 Terrace
Address

Miami, FL 33190
City, State & Zip

305-216-9977
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 17, 2003

JORGE MESA
9854 SW 222 TERRACE
MIAMI, FL 33190

SUBJECT: ASSOCIATED MEDICAL SERVICES, INC.
Ref. Number: W03000017392

We have received your document for ASSOCIATED MEDICAL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is S62753.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 103A00037425

SECRET
STATE
TALLAHASSEE, FLORIDA

RECEIVED
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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:

ASSOCIATED MEDICAL WORKS OF SOUTH FL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9854 SW 222 Ter
Miami, FL 33190

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Legal Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jorge Mesa
9854 SW 222 Ter
Miami, FL 33190

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jorge Mesa
9854 SW 222 Ter
Miami, FL 33190

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

Jorge M
Signature/Registered Agent

06/21/03

Date

Jorge M
Signature/Incorporator

06/21/03

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 23 AM 7:59