

P03000100713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

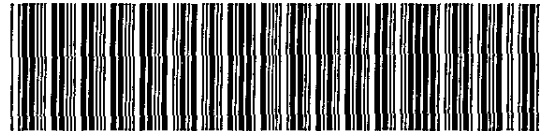
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/03--01100--003 **78.75

FILED
03 SEP -9 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL 32310

✓

TRANSMITTAL LETTER

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

SUBJECT: Gamez Clinic 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Victor Gamez
Name (Printed or typed)

3306 west spruce St.
Address

Tampa ,fl 33607
City, State & Zip

813-310-9550
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

Gamez Clinic INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3306 west spruce st. Tampa Fl 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The business healt care, esthetic care andany engage or transact in any or all lawfull activities or business peritted under the laws of the united states, the state of florida or any other state, country territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Victor Gamez 4447 Hidden Shadow tampa Fl 33614 President

ARTICLE VI REGISTERED AGENT

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

Victor Gamez 4447

Hidden Shadow tampa Fl 33614 President

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Victor Gamez 4447

Hidden Shadow tampa Fl 33614 President

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

9/2/03

Date

Signature/Incorporator

9/2/03

Date

FILED
03 SEP -9 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA