

P03000 131141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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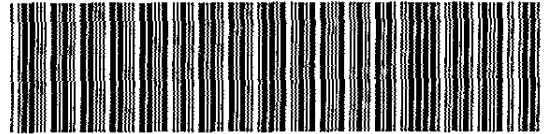
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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F. CHESSEY NOV 13

TRANSMITTAL LETTER

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

SUBJECT: MDC HEALTHCARE GROUP INC. # 10
(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: MDC HEALTHCARE GROUP INC.
Name (Printed or typed)

1937 E. ATLANTIC BLVD. # 10
Address

POMPANO BEACH FLORIDA, 33060
City, State & Zip

954 943-0070
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:

MDC HEALTHCARE GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1937 E. ATLANTIC BLVD. # 10
POMPANO BEACH FLORIDA, 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT CORPORATION

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):

DAVID PINTO
993 NW 82 AV
CORAL SPRINGS FL, 33071

ARTICLE VI REGISTERED AGENT

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

DAVID PINTO
993 NW 82 AV
CORAL SPRINGS FL, 33071

ARTICLE VII INCORPORATOR

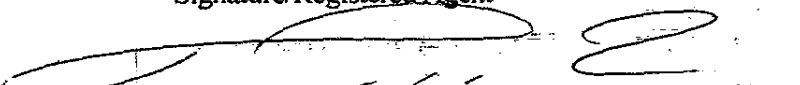
The name and address of the Incorporator is:

DAVID PINTO
993 NW 82 AV
CORAL SPRINGS FL, 33071

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 famillar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent


Date


Signature/Incorporator


Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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