

P04000046837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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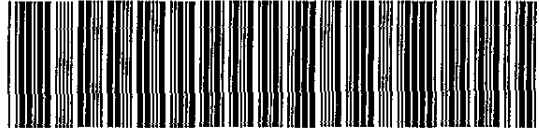
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

6/23/10

TRANSMITTAL LETTER

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

SUBJECT: ARTHURFINNIESTON CLINICS, 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 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ADRIAN GALDO
Name (Printed or typed)

210 S.W. 15TH ROAD #310
Address

MIAMI, FL 33129
City, State & Zip

(786) 286-7882
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:
ARTHURFINNIESTON CLINICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
210 S.W. 15TH ROAD
MIAMI, FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful purposes under the laws of the State of Florida and the United States.

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):
ADRIAN GALDO P/D ANDREINA SANCHEZ VP/D
210 S.W. 15TH ROAD 210 S.W. 15TH ROAD
MIAMI, FL 33129 MIAMI, FL 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
ADRIAN GALDO
215 S.W. 15TH ROAD
MIAMI, FL 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADRIAN GALDO
215 S.W. 15TH ROAD
MIAMI, FL 33129

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

X _____
Signature/Registered Agent

X _____
Signature/Incorporator

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04 MAR -9 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 3/8/04
Date

X 3/8/04
Date