P04000046837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300029891323

03/10/04--01012--002 **78.75

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

03/10

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 Filing Fee	☐ $78.75 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/mailing 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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ADRIAN GALDO P/D
210 S.W. 15TH ROAD
MIAMI, FL 33129

ANDREINA SANCHEZ VP/D
210 S.W. 15TH ROAD
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 _____ X 3/8/04
Signature/Registered Agent — Date

X _____ X 3/8/04
Signature/Incorporator — Date