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4-6-2

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

SUBJECT: WALK-IN URGENT CARE CENTERS INC

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: MOHAMMAD T JAVED
6447 LAKE WORTH ROAD
LAKE WORTH FL 33463-3007
561-433-1700

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WALK-IN URGENT CARE CENTERS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6447 LAKE WORTH ROAD
LAKE WORTH FL 33463-3007

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MOHAMMAD T. JAVED
6447 LAKE WORTH ROAD
LAKE WORTH FL 33463-3007

ARTICLE V PURPOSE

The purpose for which the corporation is organized is to transact any legal and lawful business as allowed by the State of Florida and its statutes.

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TALLAHASSEE, FL

ARTICLE VI
INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MOHAMMED T. JAVED
6447 LAKE WORTH ROAD
LAKE WORTH FL 33463-3007

(I) (have) executed these Articles of Incorporation this _____ day of _____, 20_____.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

**Notarization is not required
CERTIFICATE
OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **WALK-IN URGENT CARE CENTERS INC.**
2. The name and address of the registered agent and office is:

**MOHAMMAD T JAVED
6447 LAKE WORTH ROAD
LAKE WORTH FL 33463-3007**

I **MOHAMMAD T JAVED** having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date) 5/28/2017

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

TRANSMITTAL LETTER