

P04000126979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

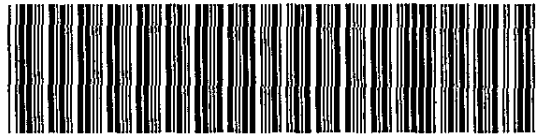
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-3-04

TRANSMITTAL LETTER

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

SUBJECT: Poblete and Associates, 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: Raymund Poblete

Name (Printed or typed)

9062 Quail Creek Drive

Address

Tampa, Florida 33647

City, State & Zip

813-389-5503

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:

Poblete and Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9062 Quail Creek Drive
Tampa, Florida 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent contractor for health care staffing, and consulting services.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Raymund Poblete
9062 Quail Creek Drive
Tampa, Florida 33647
Owner

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Raymund Poblete
9062 Quail Creek Drive
Tampa, Florida 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Raymund Poblete
9062 Quail Creek Drive
Tampa, Florida 33647

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

8/31/04

Date



Signature/Incorporator

8/31/04

Date

FILED

04 SEP -3 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA