

P04000/51177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

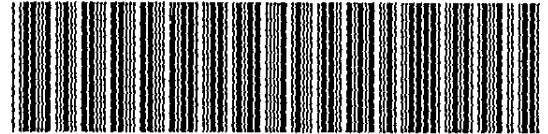
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: CARLOS LEON, 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      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: DAN Edmonds  
                                    Name (Printed or typed)

1101 WISTERIA LANE  
                                    Address

NAPLES FL 34105  
                                    City, State & Zip

239-216-0755  
                                    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:

CARLOS LEON, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1757 FOUR MILE COVE PKWY  
APT 317  
CAPE CORAL, FL 33990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Medical Services

**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):

CARLOS LEON 1757 FOUR MILE COVE PKWY PRESIDENT/TREAS

**ARTICLE VI REGISTERED AGENT**

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

DAN EDMONDS  
1101 WISTERIA LANE  
NAPLES, FL 34105

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAN EDMONDS & ASSOCIATES  
1101 WISTERIA LANE  
NAPLES, FL 34105

\*\*\*\*\*

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

Dan R Edmonds

Signature/Registered Agent

Aug 10, 2014  
Date

Dan Edmonds

Signature/Incorporator

Aug 10, 2014  
Date

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TALLAHASSEE, FLORIDA