

PO400016324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

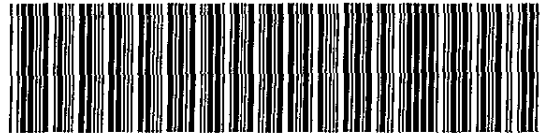
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALLMARK BUILDING

126-84

TRANSMITTAL LETTER

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

SUBJECT: GAMEZ CLINIC CENTER *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: GAMEZ CLINIC CENTER *INC.*
Name (Printed or typed)

2726 W. WATER AV TAMPA FL 33614
Address

TAMPA FL 33614
City, State & Zip

813-310-9550
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GAMEZ CLINIC CENTER **INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2726 W. WATER AV TAMPA FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY

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):

VICTOR GAMEZ

8505 EDGEWATER PLC TAMPA FL 33615

ARTICLE VI REGISTERED AGENT

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

VICTOR GAMEZ

8505 EDGEWATER PLC TAMPA FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VICTOR GAMEZ

8505 EDGEWATER PLC TAMPA FL 33615

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

Signature/Incorporator

11/25/04

Date

11/25/04

Date