

P04000163544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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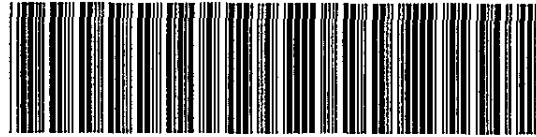
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cd. 12/16

Transmittal Letter

Department of State
Division of Corporations
409 E. Gains St.
Tallahassee, FL 32399
Tel: 850-487-6052

SUBJECT: **LEAH M. QUISPE, P.A.**

(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$78.75
Filing fee
& Certified Copy

☐ \$87.50
Filing fee,
Certified Copy,
& Certificate

Additional Copy Required

FROM: **Leah M Quispe**

Name (printed or typed)

6301 North University Drive, Apt. 112

Address

Tamarac, FL 33321

City, State & Zip

954-718-3957

Daytime Telephone Number

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

ARTICLES OF INCORPORATION

Of

LEAH M. QUISPE, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Leah M. Quispe, P.A.

ARTICLE II: PRINCIPAL OFFICE

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

6301 North University Drive Apt. 112
Tamarac, FL 33321

ARTICLE III: PURPOSE

This corporation is organized for the purposes of engaging in massage therapy, associated health care, and any activities or business permitted under the laws of the United States and the State of Florida

ARTICLE IV: SHARES

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

1000 shares of common stock without nominal or par value which shall be designated as "Common Shares". The consideration to be paid for each share shall be fixed by the Board of Directors.

ARTICLE V: INITIAL OFFICERS/DIRECTORS

The name(s) and address(s)

Leah M. Quispe
6301 North University Drive Apt. 112
Tamarac, FL 33321

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

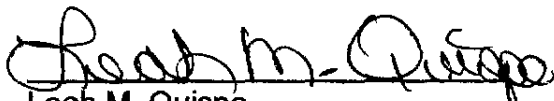
Leah M. Quispe
6301 North University Drive Apt. 112
Tamarac, FL 33321

ARTICLE VII: INCORPORATOR(S)

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

Leah M. Quispe
6301 North University Drive Apt. 112
Tamarac, FL 33321

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
16 day of November, 2004.


Leah M. Quispe

**Certificate of Designation of
Registered Agent/Registered Office**

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:
LEAH M. QUISPE, P.A.

2. The name and address of the registered agent and office is:

Leah M. Quispe
(Name)

6301 North University Drive, Apt 112
(P.O. Box or Mail Drop Box NOT Acceptable)

Tamarac, FL 33321
(City/State/Zip)

*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.*

Leah M. Quispe *11-16-04*
(Signature) (Date)

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TALLAHASSEE, FLORIDA