

P05000138388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

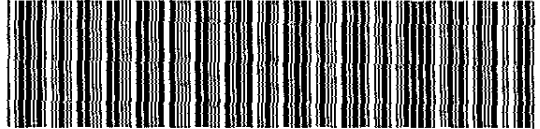
(Business Entity Name)

(Document Number)

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05 OCT 10 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/12/05
BWR

COVER LETTER

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

SUBJECT: Yaqueline Arjona, MSN, ARNP, P.A.
(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: Yaqueline Arjona
Name (Printed or typed)

815 N.W. 57th Ave Suite 110
Address

Miami, Florida 33126
City, State & Zip

(305) 803-1743
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:

Yaqueline Arjona, MSN, ARNP, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

815 NW 57th Ave Suite 110 Miami, Florida 33126

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):

Yaqueline Arjona President

ARTICLE VI REGISTERED AGENT

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

Yaqueline Arjona 815 NW 57th Ave Suite 110 Miami, Florida 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

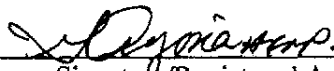
Yaqueline Arjona 815 NW 57th Ave Suite 110 Miami, Florida 33126

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10/5/15

Date



Signature/Incorporator

10/5/15

Date