

P0600003383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

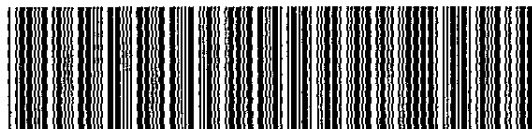
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

110
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COVER LETTER

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

SUBJECT: PINERO PREVENTIVE MEDICAL CARE PA
(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: RAFAEL E PINERO
Name (Printed or typed)

1216 N HAMPTON AVENUE
Address

ORLANDO, FL 32803
City, State & Zip

407-718-1550
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:

PINERO PREVENTIVE MEDICAL CARE PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1216 N HAMPTON AVENUE
ORLANDO, FL 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAFAEL E PINERO, PRESIDENT
1216 N HAMPTON AVENUE
ORLANDO, FL 32803

ARTICLE VI REGISTERED AGENT

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

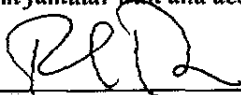
RAFAEL E PINERO
1216 N HAMPTON AVENUE
ORLANDO, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAFAEL E PINERO
1216 N HAMPTON AVENUE
ORLANDO, FL 32803

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date