

P06000013973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

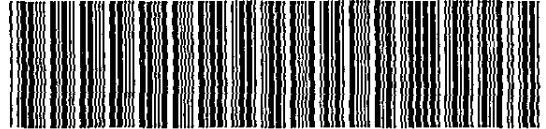
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Henry Givens GAVE
AUTHORIZATION BY PHONE TO
CORRECT Change Spelling of Corp Name
DATE 01-31-06
MOD. EXAM CB

Office Use Only



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01/27/06--01045--002 **87.5

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN 27 PM 4:13

FILED

COVER LETTER

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

SUBJECT: QUICK CARE OF FLORIDA, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: HENRY LEE GIVENS
Name (Printed or typed)

10500 S. W. 149th STREET
Address

MIAMI, FLORIDA 33176
City, State & Zip

786-306-7057
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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ARTICLE I NAME

The name of the corporation shall be: QUIK CARE OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 10500 S. W. 149th STREET, MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HENRY LEE GIVENS, PRESIDENT
HENRH LEE GIVENS, VICE-PRESIDENT
HENRY LEE GIVENS, SECRETARY
HENRY LEE GIVENS, TREASURE

ARTICLE VI REGISTERED AGENT

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

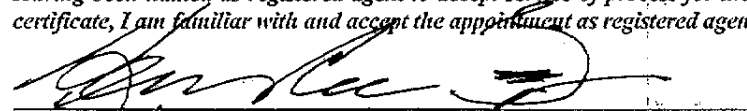
HENRY LEE GIVENS
10500 S. W. 149th STREET
MIAMI, FLORIDA 33176

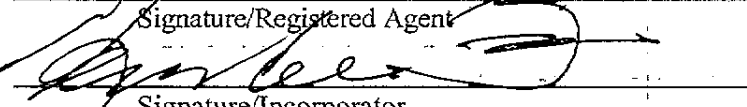
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HENRY LEE GIVENS
10500 S. W. 149th STREET
MIAMI, FLORIDA 33176

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

1-25-06

Date
1-25-06

Date