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COVER LETTER

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

SUBJECT: First class Medical Services, 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:

RENE VILLA

Name (Printed or typed)

9865 SW 24 ST Apt H103

Address

MIAMI, FL 33165

City, State & Zip

(305) 742-8879

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:

First class Medical Services

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9565 SW 24th street Apt H-103
M.Am. FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide Medical services to the
community

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):

President

Rene Villa

9565 SW 24th Apt H-103
M.Am. FL 33165

ARTICLE VI REGISTERED AGENT

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

Rene Villa
9565 SW 24th Apt H-103
M.Am. FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rene Villa
9565 SW 24th Apt H-103
M.Am. FL 33165

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

Rene Villa RENE VILLA
Signature/Registered Agent

24/3/06
Date

Rene Villa
Signature/Incorporator
RENE VILLA

24/3/06
Date