

PD6000048901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

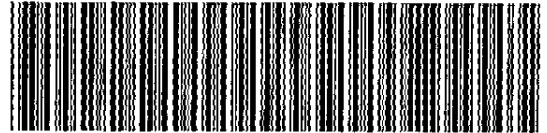
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 APR -4 PM 2:54
SECURITY OF STATE
TALLAHASSEE, FLORIDA

MRD
4/5

COVER LETTER

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

SUBJECT: REJUVENATE MEDICAL CLINIC, 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: ELIE J AWAD

Name (Printed or typed)

3392 TABREEZE COURT

Address

OCOE, FL 34761

City, State & Zip

407-341-8970

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:

REJUVENATE MEDICAL CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PRINCIPAL PLACE OF BUSINESS:
7065 WESTPOINTE BLVD, UNIT 207
ORLANDO FL 32835

MAILING ADDRESS:
3392 TABREEZE COURT
OCOE FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO MAINTAIN A MEDICAL OFFICE AND ENGAGE IN THE PRACTICE OF ALL BRANCHES OF MEDICINE
IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

5000 SHARES OF \$1.00 PAR VALUE STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELIE J AWAD, PRESIDENT
3392 TABREEZE COURT
OCOE FL 34761

ARTICLE VI REGISTERED AGENT

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

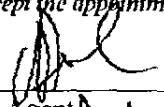
ELIE J AWAD
3392 TABREEZE COURT
OCOE FL 34761

ARTICLE VII INCORPORATOR

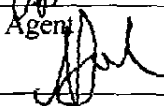
The name and address of the Incorporator is:

ELIE J AWAD
3392 TABREEZE COURT
OCOE FL 34761

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

FILED

06 APR -4 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.3.06

Date

4.3.06

Date