

P06000064883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

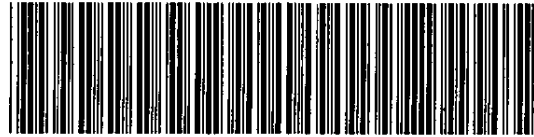
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/06--01005--015 **78.75

FILED

05 MAY -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa slw
dec slw

COVER LETTER

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

SUBJECT: Multimedical Care, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Nervys Ramirez
Name (Printed or typed)

640 NW 183 Street
Address

Miami, FL 33169
City, State & Zip

305-469-6675
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:

Multimedical Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

640 NW 183 Street
Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dialysis Facility

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):

Nervys Ramirez - President
640 NW 183 Street
Miami, FL 33169

ARTICLE VI REGISTERED AGENT

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

Nervys Ramirez
640 NW 183 Street
Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nervys Ramirez
640 NW 183 Street
Miami, FL 33169

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



Date



Date

FILED
06 MAY -9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA