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(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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ANASSEE, FLORIDA

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gus armenakis MD, P.A.	
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	06 JUN 12 PM 1: 19
The name of the corporation shall be:	SECRETARY OF STATE
•	TALLAHASSEE, FLORIDA
Suo Armenakio MD, P.A.	Trucking to the state of the st
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
11001 Sand Reperct	
Tamarac FL 33321	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
medical Practice	
" rechail Macha	
ARTICLE IV SHARES	
The number of shares of stock is:	
\O	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
Sus Armeralis	
Julia Hoffiz-Armenakio Tamarac, FL 33321	
Tamalac, II 33321	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Sus Armenalis,	
11001 sand Riper ct	
Tamarac PL 33321	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Julia Hoffis Armerolia	
Julia Hoffie Armenalus 11001 sand Pupu Ct	
Tamarac' (L 33321	
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporati	on at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in th	is capacity
$\triangle \sim \triangle \sim 1$	ide his
Signature/Registered Agent	Dete
Signature/Registered Agent	Date
milian makes	10/0/-
- Himmana -	MYIOO
Signature/Incorporator	Date

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