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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 28 PM 2:21

VH

COVER LETTER

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

SUBJECT: H C Health Center
(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: Pedro Fernandez
Name (Printed or typed)

7181 SW 8 ST
Address

MIAMI, FL 33144
City, State & Zip

(305) 269-4949
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:

HIC Health Center Inc. 06 JUN 28 PM 2:21

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7181 SW 8 ST
MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care Clinic & Diagnosis

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):

Pedro Fernandez

ARTICLE VI REGISTERED AGENT

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

Pedro Fernandez
7181 SW 8 St
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pedro Fernandez
7181 SW 8 ST
MIAMI, FL 33144

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

X 

Signature/Registered Agent

X JUN-22-06

Date

X 

Signature/Incorporator

X JUN-22-06

Date