

POL000/29023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

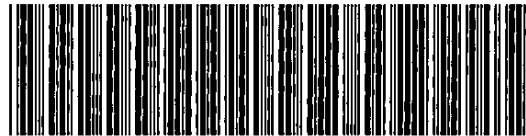
(Document Number)

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09/26/06--01050--012 **87.50

FILED
06 Sept 26 PM 3:00
TALLAHASSEE, FLORIDA

10/10/06
Wagon Per Cust
SAK
9/28/06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2006

IEDA A ALVARADO, MSW
2049 DARLIN CIRCLE
ORLANDO, FL 32820

SUBJECT: ALVARADO S INC.P.A.
Ref. Number: W06000042537

We have received your document for ALVARADO S INC.P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select one corporate suffix.,

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 906A00057770

FROM; LEDA ALVARADO,MSW
2049 DARLIN CIRCLE
ORLANDO,FL 32820
PHONE: 407-745-0719
FAX :407-517-4934
CELL :407-346-5034
E_mail: lavarado1228@msn.com

10/02/2006

TO: SUZANEE Hawkes
Document Specilist
New Filing Section
DIVISION of CORPORATION

Dear Ms.Haw

We corrected th e recommendation as per letter Number:906A00057770.
We hope that our request is in order now.

CORDIALLY ,

A handwritten signature in cursive script, appearing to read "Leda Alvarado".

Mrs.Leda Alvarado
2049 Darli Circle
Orland,Fl 32820

COVER LETTER

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

SUBJECT: ALVARADO S 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: MSW LEDA A. ALVARADO

Name (Printed or typed)

2049 DARLIN CIRCLE

Address

ORLANDO, FLORIDA 32820

City, State & Zip

407--346-5034

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)

FILED
06 Sept 26 PM 3:00
SEAL OF THE STATE OF
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALVARADO S INC.

EIN#20-4654722

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~8853 COMMODITY CIRCLE~~

2049 Darlin Circle, Orlando, FL 32820

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL CARE WITHIN THE SCOPE OF FAMILY MEDICINE AND FOLLOWING THE STANDAR OF CARE SET BY THE STATE AND FEDERAL LAW. KEEPING IN MIND TO BE COST-EFFECTIVE FOLLOWING EVIDENCE MEDICINE. TO BE HONEST, CARE, RESPECT, EMPATHY AND LISTENING.

ARTICLE IV SHARES

The number of shares of stock is:

100 WHO ARE DIVIDED 45% TO LEDA A ALVARADO, MSW VP/TREASURER

55% TO VICTOR NOEL ALVARADO, PRE/SECRETARY AND MEDICAL DOCTOR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LEDA A ALVARADO, VP, TREASURER

VICTOR N ALVARADO, PRE/SECRE

ARTICLE VI REGISTERED AGENT

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

MSW LEDA ALVARADO 2049 DARLIN CIRCLE , ORLANDO, FL 32820

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VICTOR N. ALVARADO, I

2049 Darlin Circle

Orlando, FL 32820

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

Leda Alvarado
Signature/Registered Agent

09/19/2006

Date

Victor N Alvarado
Signature/Incorporator

09/19/2006

Date