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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
7/18

## COVER LETTER

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

SUBJECT: ICD FLORIDA, 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: PATRICK ALEXANDER

Name (Printed or typed)

713 MINORCA AVENUE

Address

CORAL GABLES, FL 33134

City, State & Zip

(305) 978-6211

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:

ICD FLORIDA, INC.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

713 MINORCA AVENUE  
CORAL GABLES, FL 33134

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY.

**ARTICLE IV      SHARES**

The number of shares of stock is:

10,000

**ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

PATRICK ALEXANDER, PRESIDENT, SECRETARY, & TREASURER  
713 MINORCA AVENUE  
CORAL GABLES, FL 33134

**ARTICLE VI      REGISTERED AGENT**

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

PATRICK ALEXANDER  
713 MINORCA AVENUE  
CORAL GABLES, FL 33134

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

PATRICK ALEXANDER  
713 MINORCA AVENUE  
CORAL GABLES, FL 33134

\*\*\*\*\*

*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

\_\_\_\_\_  
2-23-07

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
2-23-07

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA