

PO8000075283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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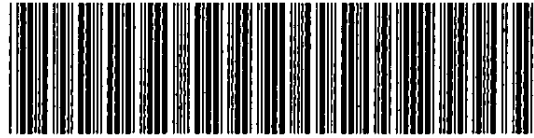
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re

COVER LETTER

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

SUBJECT: 24/7 Medical Consulting 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: Mukund Amin/Atul Shah
Name (Printed or typed)

3120 W.HILLSBOROUGH AVE
Address

TAMPA, FL 33614
City, State & Zip

813-877-7773
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:

24/7 MEDICAL CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3120 W HILLSBOROUGH AVE, TAMPA, FL33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTATION FOR MEDICAL SERVICES

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):

MUKUND AMIN (P) 50%

ATUL SHAH (VP) 50%

ARTICLE VI REGISTERED AGENT

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

ATUL SHAH 3120 W.HILLSBOROUGH AVE,TAMPA,FL 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MUKUND AMIN 3120 W.HILLSBOROUGH AVE.,TAMPA,FL 33614

ATUL SHAH 3120 W. HILLSBOROUGH AVE.TAMPA,FL 33614

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
08 AUG 11 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA