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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: EXCLUSIVE MEDICAL SERVICES, CORP
(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: VIRGINIA CASTILLO
Name (Printed or typed)

7483 SW 24 ST Suite 211
Address

MIAMI FL 33155
City, State & Zip

305-303-5345
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

EXCLUSIVE MEDICAL SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

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

7483 SW 24 ST Suite 211
MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

1000 (one thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELVIS GARCIA

ARTICLE VI REGISTERED AGENT

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

ELVIS GARCIA
7483 SW 24 ST Suite 211
MIAMI FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VIRGINIA CASTILLO
7483 SW 24 ST Suite 211
MIAMI FL 33155

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

8-4-2008

Date

8-4-2008

Date