

PO9000029628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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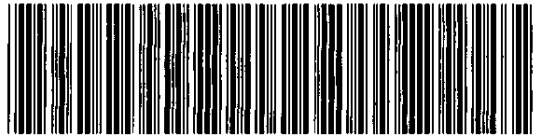
(Business Entity Name)

(Document Number)

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09 APR -1 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FL 32399

[Handwritten signature]

COVER LETTER

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

SUBJECT: Doctors Med-PedSpa Consulting Group, 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: Ed Weinmann
Name (Printed or typed)

2700 NW 44th St # 205
Address

Oakland Park, Florida 33309
City, State & Zip

703-589-4914
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:

Doctors Med-PedSpa Consulting Group, Inc

ARTICLE II PRINCIPAL OFFICE

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

2700 NW 44th St # 205 Oakland Park Fl 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Consulting

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):

Edward M Weinmann, DC CEO 2700 NW 44th St # 205 Oakland Park Florida 33309

ARTICLE VI REGISTERED AGENT

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

Ed Weinmann 2700 NW 44th St # 205 Oakland Park Fl 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ed Weinmann 2700 NW 44th St # 205 Oakland Park Fl 33309

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--

3/26/09

Date

3/26/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA