

PD9000041490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY - 7 AM 9:03

APPROVED
AND
FILED

AS/12

COVER LETTER

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

SUBJECT: Suncoast UR 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Ariene M Martinez-Dello MD
Name (Printed or typed)

18958 N Dale Mabry Hwy STE 102
Address

Lutz, FL 33548
City, State & Zip

813-420-8125
Daytime Telephone number

pdelio@yahoo.com
E-mail address: (to be used for future annual report notification)

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

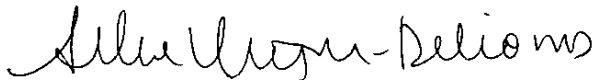
Dr Arlene M Martinez MD
18858 N Dale Mabry Hwy
STE 102
Lutz, FL 33548

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Registration Section Registration Section
Division of Corporations Division of Corporations
P. O. Box 6327 Clifton Building
Tallahassee, FL 32314

May 3, 2009

To whom it may concern,
Please accept the Articles of Incorporation for Suncoast UR Inc. I am the owner of this company as well as the owner of Suncoast U.R. LLC. I want to operate both businesses at the same time using the above names.

Thank You

A handwritten signature in cursive script, appearing to read "Arlene M Martinez-Delio MD".

Arlene M Martinez-Delio MD

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: Suncoast UR Inc.

ARTICLE II PRINCIPAL OFFICE

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

18958 N Dale Mabry Hwy
STE 102
Lutz, FL 33548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

100

ARTICLE VI REGISTERED AGENT

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

Arlene M Martinez-Delio MD
18958 N Dale Mabry Hwy
Ste 102
Lutz, FL 33548

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arlene M Martinez-Delio MD
18958 N Dale Mabry Hwy Ste 102
Lutz, FL 33548

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

Arlene M Martinez-Delio
Signature/Registered Agent

Arlene M Martinez-Delio
Signature/Incorporator

May 4, 2009

Date

5-4-09

Date

09 MAY - 7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED