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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: NO Limit Pain Management & Urgent Care, 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: Anthony S. Swain
Name (Printed or typed)

1923 N.W. 43rd
Address

Miami, FL 33142
City, State & Zip

786 308 8450
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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: *No Limit Pain Management & Urgent Care Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*4220 N.W. 22 Ave
MIAMI, FL 33142*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Help WITH Health CARE

ARTICLE IV SHARES

The number of shares of stock is:

11

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*(MARCEA SWAIN - TREASURER) (ANTHONY SWAIN - CEO)
(DARNELL BULLARD - OPERATING MANAGER)
(JACKIE WILSON - SECRETARY) (CRAIG SWAIN - CFO)*

ARTICLE VI REGISTERED AGENT

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

*ANTHONY SWAIN
1914 N.W. 43rd
MIAMI FL 33142*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*ANTHONY SWAIN
1923 NW 43rd
MIAMI, FL 33142*

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]

Signature/Registered Agent

[Signature]

Signature/Incorporator

9/1/09

Date

9/1/09

Date

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