

PI 00000000149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

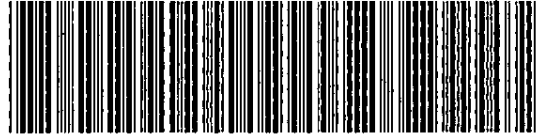
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 DEC 31 PM 1:21

505
W09-54320

1/4/10

COVER LETTER

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

SUBJECT: West Colonial Walk IN Urgentcare Clinic 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: West Colonial Walk IN Urgentcare Clinic
Name (Printed or typed)

710 GOVERNORS AVE ORLANDO FL
Address

Orlando FL 32808
City, State & Zip

407 936-4635
Daytime Telephone number

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2009

WEST COLONIAL WALK IN URGENTCARE CLINIC
710 GOVERNORS AVENUE
ORLANDO, FL 32808

SUBJECT: WEST COLONIAL WALK IN URGENTCARE CLINIC
Ref. Number: W09000054320

We have received your document for WEST COLONIAL WALK IN URGENTCARE CLINIC and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 309A00038123

RECEIVED
09 DEC 31 PM 4:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with: Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 DEC 31 PM 1:21

ARTICLE I NAME

The name of the corporation shall be:

West Colonial Walk IN Urgentcare Clinic INC.

ARTICLE II PRINCIPAL OFFICE

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

710 GOVERNORS AVE. Orlando, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical office

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):

Daniel Chery CEO
710 GOVERNORS AVE
Orlando FL 32808

ARTICLE VI REGISTERED AGENT

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

Daniel Chery
710 GOVERNORS AVE Orlando, FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daniel Chery
710 GOVERNORS AVE Orlando, FL 32808

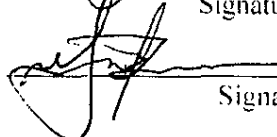
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Signature/Registered Agent

12/31/2009

Date



Signature/Incorporator

12/31/2009

Date