

P10000019041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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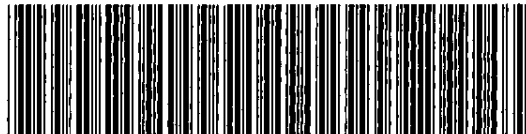
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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4

COVER LETTER

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

SUBJECT: Advanced Oriental Medicine 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: Amanda Sablyak, A.P.

Name (Printed or typed)

1355 Orange Ave STE 2

Address

Winter Park, FL 32789

City, State & Zip

863-944-3986

Daytime Telephone number

asablyak@gmail.com

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:

Advanced Oriental Medicine Inc

ARTICLE II PRINCIPAL OFFICE

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

1355 Orange Ave STE 2
Winter Park, FL 32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Medical Services to the community

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Amanda Sablyak, AP
1355 Orange Ave STE 2
Winter Park, FL 32789

ARTICLE VI REGISTERED AGENT

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

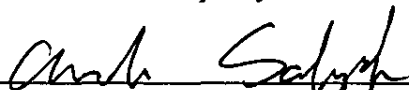
Amanda Sablyak
1355 Orange Ave STE 2
Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amanda Sablyak
1355 Orange Ave STE 2
Winter Park, FL 32789

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



Date



Date

FILED
10 MAR -2 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA