

P10000033801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

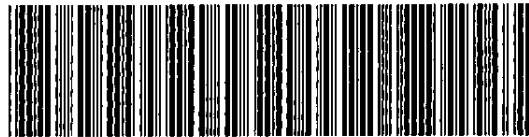
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/19/10--01040--009 **78.75

FILED
10 APR 19 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

4-20-10

9

COVER LETTER

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

SUBJECT: Avalon After Hours Medical 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: Willie Pierre
Name (Printed or typed)

13000 Avalon Lakes Drive Suite 100
Address

Orlando, FL 32828
City, State & Zip

407-936-4635
Daytime Telephone number

AvalonAfterHoursMC@yahoo.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:

Avalon After Hours Medical Care inc

ARTICLE II PRINCIPAL OFFICE

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

13000 Avalon lakes Drive Suite 100
orlando, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

FILING CANCELLED
RETURNED CHECK

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):

Willie Pierre CEO/President

ARTICLE VI REGISTERED AGENT

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

^{Willie Pierre}
13000 Avalon lakes Drive Suite 100
orlando, FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Willie Pierre
13000 Avalon lakes Drive Suite 100
orlando, FL 32828

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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 19 AM 11:49

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