

P10000092945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

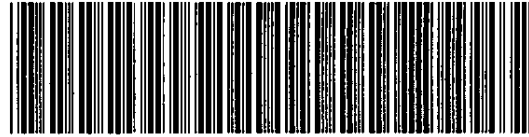
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000187269500

11/09/10--01019--001 **78.75

FILED
2010 NOV -9 P 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FREESTAN MEDICAL GROUP CORP
(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: Harold Freeman

Name (Printed or typed)

7651 SW 103 Place

Address

Miami, Florida 33173

City, State & Zip

305-431-1803

Daytime Telephone number

figcorp@usa.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV - 9 P 3:39

FILED

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:

FREESTAN MEDICAL GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

58 GLENDALE DR
MIAMI SPRINGS, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES (ONE HUNDRED) AT \$1.00 (ONE) EACH**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD FREEMAN / CEO

Address: 7651 SW 103 PLACE
MIAMI, FL 33173

Name and Title: MARIA URDANETA / COO

Address: 58 GLENDALE DR
MIAMI SPRINGS, FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: HAROLD FREEMAN

Address: 7651 SW 103 PLACE
MIAMI, FL 33173

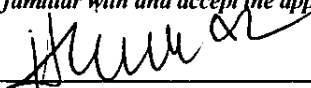
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HAROLD FREEMAN

Address: 7651 SW 103 PLACE
MIAMI, FL 33173

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

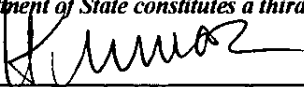


Required Signature/Registered Agent

11/05/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/05/2010

Date

FILED
2010 NOV -9 P 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA