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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

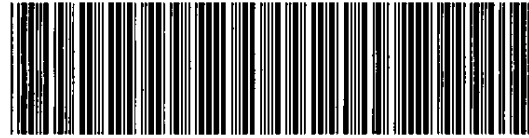
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10 NOV 22 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/23

57719

COVER LETTER

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

SUBJECT: Rapha Vascular Specialists 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: OBINNA NWOBIZI M.D.
Name (Printed or typed)

4748 HIGHLANDS PLACE DRIVE
Address

LAKELAND, FL 33813
City, State & Zip

207-689-8793
Daytime Telephone number

DIBIAZB@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

OBINNA MWOBZ M.D.
4748 HIGHLANDS PLACE DRIVE
LAKELAND, FL 33813

SUBJECT: RAPHA VASCULAR SPECIALISTS INC
Ref. Number: W10000052219

We have received your document for RAPHA VASCULAR SPECIALISTS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

List the corporation name in Article I of your form.

An effective date **may** be added to the Articles of Incorporation **if a 2011 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 310A00026277

Rapha Vascular Specialists, Inc.
4748 HIGHLANDS PLACE DRIVE
LAKELAND, FL 33813

November 20, 2010

Division of Corporations
ATTN: Ruby Dunlap, Regulatory Specialist
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Rapha Vascular Specialists, Inc., Ref. W10000052219
Letter Number 310A00026277

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I received your letter dated Nov. 8, regarding the above, and state that:

1. My last name is spelled Nwobi
2. The corporation name is to be: Rapha Vascular Specialists, Inc.;
3. The purpose of the corporation is to be any lawful business;
4. I desire to authorize 10,000 shares of stock.
5. The effective date is to be immediately upon filing.

If you have questions about this, please contact Steve Odem, at 863-858-1003 or cell 863-944-0408.

Sincerely,



Obinna Nwobi, M.D., President
Rapha Vascular Specialists, Inc.

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: RAPHA VASCULAR SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4748 HIGHLANDS PLACE DRIVE
LAKELAND, FL 33813

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: OBINNA NWORJI
4748 HIGHLANDS PLACE DRIVE
LAKELAND, FL 33813

Name and Title: _____
Address: _____

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: OBINNA NWORJI
Address: 4748 HIGHLANDS PLACE DRIVE
LAKELAND, FL 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OBINNA NWORJI
Address: 4748 HIGHLANDS PLACE DRIVE
LAKELAND, FL 33813

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

11/1/10
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

11/1/10
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA