

P110000014267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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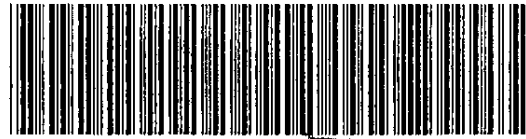
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/09/11--01016--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB -9 PM 4:35

APPROVED
AND
FILED

1/6/

COVER LETTER

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

SUBJECT: Juan C. Orozco, M.D., P.A.
(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: Juan C. Orozco
Name (Printed or typed)
9365 Dickens Ave
Address
Surfside, FL 33154
City, State & Zip
(201) 312-8678
Daytime Telephone number
jorozcomd@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Juan C. Orozco, M.D., P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9365 Dickens Ave
Surfside, FL 33154

Mailing address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Family Medicine

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan C. Orozco
Address: 9365 Dickens Ave
Surfside, FL 33154

Name and Title: _____
Address: _____

Name and Title: Carolina Colon
Address: 9365 Dickens Ave
Surfside, FL 33154

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: Juan C. Orozco
Address: 9365 Dickens Ave
Surfside, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan C. Orozco
Address: 9365 Dickens Ave
Surfside, FL 33154

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]
Required Signature/Registered Agent

02/02/11
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.

[Signature]
Required Signature/Incorporator

02/02/11
Date