

P110000024019

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(Business Entity Name)

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11 MAR - 8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

17N

COVER LETTER

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

SUBJECT: All-Med Management Systems of Georgia, 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: Donna M. Gale

Name (Printed or typed)

14101 Commerce Way

Address

Miami Lakes, FL. 33016

City, State & Zip

305-826-0244 Ext 283

Daytime Telephone number

dgale@all-medservices.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: All-Med Management Systems of Georgia, Inc.

11 MAR -8 PM 2:49

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
14101 Commerce Way
Miami Lakes, FL 33016

Mailing address, if different
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES

This corporation is authorized to issue 1000 shares of Common Stock having a par value of \$1.00 per share.

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul Rodriguez Exec. Chairman
Address: 14101 Commerce Way
Miami Lakes, FL 33016

Name and Title: Karen Joblove Exec. Vice-President
Address: 14101 Commerce Way
Miami Lakes, FL 33016

Name and Title: Jorge Pereda President & CEO
Address: 14101 Commerce Way
Miami Lakes, FL 33016

Name and Title: _____
Address: _____

Name and Title: Paul Pino Exec. V.P. of Finance
Address: 14101 Commerce Way
Miami Lakes, FL 33016

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: Donna M. Gale
Address: 14101 Commerce Way
Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donna M. Gale
Address: 14101 Commerce Way
Miami Lakes, FL 33016

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

Donna M. Gale

Required Signature/Registered Agent

2/28/2011
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.

Donna M. Gale

Required Signature/Incorporator

2/28/2011
Date

DONNA M. GALE