

P11000030680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 MAR 28 PM 2:55

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COVER LETTER

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

SUBJECT: PediAvant, 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: Julian DiAvanti
Name (Printed or typed)
610 NE 12th Ave apt 302
Address
Hallandale, FL 33009
City, State & Zip
(954) 483-3201
Daytime Telephone number
Julesmd@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

RECEIVED
11 MAR 25 AM 10:37
DIVISION OF CORPORATIONS

March 9, 2011

JULIAN DIAVANTI
610 NE 12TH AVE APT 302
HALLANDALE, FL 33009

SUBJECT: PEDIAVANT, INC
Ref. Number: W11000013420

We have received your document for PEDIAVANT, INC and your check(s) totaling \$78.75. 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 911A00005758

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: PediAvant, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

610 NE 12th Ave #302
Hallandale, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide emergency consulting services to hospitals

ARTICLE IV SHARES

The number of shares of stock is: zero 1 stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julian DiAvanti (Director)
Address: 610 NE 12th Ave #302
Hallandale, FL 33009

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: Julian DiAvanti
Address: 610 NE 12th Ave #302
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julian DiAvanti
Address: 610 NE 12th Ave #302
Hallandale, FL 33009

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

Julian DiAvanti
Required Signature/Registered Agent

3/22/2011
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.

Julian DiAvanti
Required Signature/Incorporator

3/1/2011
Date