

P110000034384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

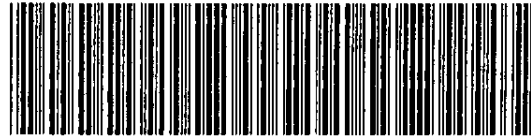
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/11--01011--008 **78.75

2011 APR - 6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SC
4-7-11

COVER LETTER

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

SUBJECT: Dialysis Centers of America, 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: David Kelly
Name (Printed or typed)

1871 Pasadena Dr.
Address

Dunedin, Florida 34698
City, State & Zip

(727) 512-5618
Daytime Telephone number

blakekel@yahoo.com ✓
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Dialysis Centers of America, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1871 Pasadena Dr.

Dunedin, FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A. To engage in and transact any lawful business for which a corporation may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.

B. To do such other things as are incidental to the purposes of the corporation or necessary or desirable in order to accomplish them.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Address: _____

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: David Kelly

Address: 1871 Pasadena Dr

Dunedin, FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Kelly

Address: 1871 Pasadena Dr

Dunedin, FL 34698

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

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

Date

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