

P/1000057381

(Requestor's Name)

ALL FEET PODIATRY
8390 ~~SW~~ West Flagler
Suite 110
Miami FL 33144

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

WH-32541



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U.S. DEPT. OF STATE
FALL RIVER, FLORIDA

✓ 06/21/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2011

ALL FEET PODIATRY
8390 W. FLAGLER STREET
SUITE 110
MIAMI, FL 33144

SUBJECT: ALL FEET PODIATRY, INC.
Ref. Number: W11000032541

We have received your document for ALL FEET PODIATRY, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 311A00014638

June 9, 2011

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Creation of ALL FEET PODIATRY, INC. (W11000032541)

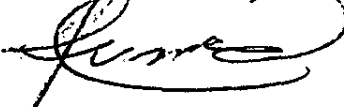
Dear Sir/Madam:

Enclosed are the Articles of Incorporation for ALL FEET PODIATRY, INC. Please accept this document as a filing required for the creation of a For Profit Corporation together with a check of \$78.75 (\$35.00 for filing, \$35.00 to enroll the proposed registered agent, and \$8.75 for a certified copy).

Please contact me if you need additional information.

Sincerely yours,

Teresita Cata Reyes



Enclosures

ARTICLES OF INCORPORATION OF ALL FEET PODIATRY, INC.

The undersigned, acting as incorporator of a corporation under the Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I. CORPORATE NAME

The name of the corporation is **ALL FEET PODIATRY, INC.** The principal office of the corporation is located at:

8390 W. Flagler Street
Suite 110
Miami, Florida 33144.

ARTICLE II. DURATION

The corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III. PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV. CAPITAL STOCK

The capital stock authorized, par value thereof, and the characteristics of such stock shall be:

Number of Authorized Shares	Par Value	Stock Class
500	\$1.00	Common

The consideration for all of the said stock shall be paid in cash at a just valuation to be fixed by the Board of Directors of the Corporation.

ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent and office is: Teresita Cata Reyes, 8390 W. Flagler Street, Suite 110, Miami, Florida 33144. The initial mailing address is: 8390 W. Flagler Street, Suite 110, Miami, Florida 33144.

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TALLAHASSEE, FLORIDA

ARTICLE VI. INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall have ONE (1) Director. The number of Directors shall be increased or decreased from time to time according to the bylaws of the corporation, but shall never be less than ONE (1) Director. The name and address of the initial director:

Name	Address
Teresita Cata Reyes	8390 W. Flagler Street Suite 110 Miami, Florida 33144

ARTICLE VII. INCORPORATOR

The name and address of the incorporate signing these Articles of Incorporation is:

Name	Address
Teresita Cata Reyes	8390 W. Flagler Street Suite 110 Miami, Florida 33144

These Articles of Incorporation are hereby executed by the incorporator on this 11 day of June, 2011.

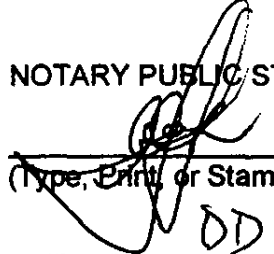

Teresita Cata Reyes

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

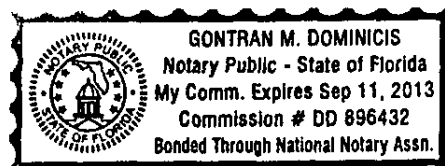
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Teresita Cata Reyes who is either personally known to me or who produced a valid Florida driver's license and who is known to me to be the person described in and who executed the foregoing instrument and acknowledged before me that he or she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid on 10th of June 2011.

NOTARY PUBLIC, STATE OF FLORIDA


(Type, Print, or Stamp name)

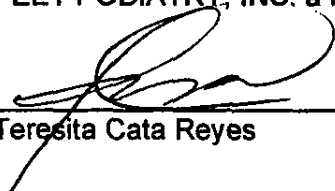
DD 896432
(Serial Number, if any)



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TALLAHASSEE, FLORIDA

**REGISTERED AGENT'S
ACCEPTANCE OF APPOINTMENT**

I, Teresita Cata Reyes, hereby accept my appointment as registered agent for ALL FEET PODIATRY, INC. a Florida for-profit corporation.



Teresita Cata Reyes

6/10/11

Date

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TALLAHASSEE, FLORIDA