

P11000070769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

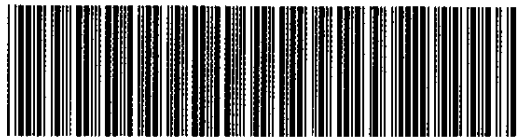
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800210674108

08/05/11--01016--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG -5 PM 12:18



8/8
8

COVER LETTER

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

SUBJECT: ALTHIVA MEDICAL 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: MARIANITZA GONZALEZ
Name (Printed or typed)

15138 SW 20 LN
Address

MIAMI FLORIDA 33185
City, State & Zip

305-299-9892
Daytime Telephone number

marianitzaacosta@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

ALTHIVA MEDICAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
15138 SW 20 LN
MIAMI FLORIDA 33185

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>MARIANITZA GONZALEZ /OWNER</u>	Name and Title: _____
Address: <u>15138 SW 20 LN</u>	Address: _____
<u>MIAMI FLORIDA 33185</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIANITZA GONZALEZ
Address: 15138 SW 20 LN
MIAMI FLORIDA 33144

ARTICLE VII INCORPORATOR

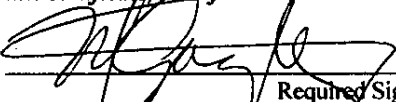
The name and address of the Incorporator is:

Name: MARIANITZA GONZALEZ
Address: 15138 SW 20 LN
MIAMI FLORIDA 33144

SECRETARY OF STATE
TREASURER, FLORIDA

11 AUG -5 PM 12:18

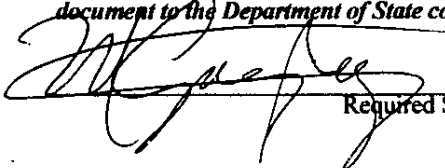
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/2/11
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.



Required Signature/Incorporator

8/2/11
Date