

PH 000021995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

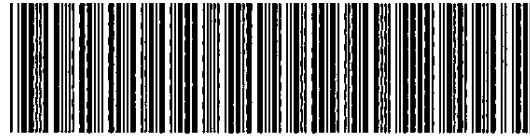
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers MAR 06 2012

COVER LETTER

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

SUBJECT: GISELLE OJEDA, DPM, PA
(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: JORGE D HEREDIA CPA
Name (Printed or typed)

1428 SW 124 PL
Address

MIAMI, FL 33184
City, State & Zip

(305)207-62-38
Daytime Telephone number

ABAD1@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32310
2012 MAR -5 PM 12:45
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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 GISELLE OJEDA, DPM, PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
6039 COLLINS AVE #311 _____ 6039 COLLINS AVE #311 _____
MIAMI BEACH, FL 33140 _____ MIAMI BEACH, FL 33140 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
PROVIDE PODIATRIC SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>GISELLE OJADA</u>	Name and Title: <u>PRESIDENT</u>
Address: <u>6039 COLLINS AVE #311</u>	Address: <u>6039 COLLINS AVE #311</u>
<u>MIAMI BEACH, FL 33140</u>	<u>MIAMI BEACH, FL 33140</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: JORGE HEREDIA CPA
Address: 1428 SW 124 PI
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GISELLE OJEDA
Address: 6039 COLLINS AVE #311
MIAMI BEACH, FL 33140

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TALLAHASSEE, FLORIDA

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

2/29/12

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

2/29/12

Date