

712000052655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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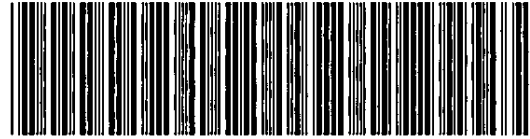
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Clearwater Dermatologic & Aesthetic Institute, P.A.
(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: Maria Elena Garcia-Cardona

Name (Printed or typed)

306 Winward Isle Road

Address

Clearwater, FL

City, State & Zip

(787)504-0010

Daytime Telephone number

mr_edgardo@hotmail.com

E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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

The name of the corporation shall be: Clearwater Dermatologic & Aesthetic Institute, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
306 Winward Isle Road
Clearwater FL, 33767

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Office

Dermatologic and aesthetic procedures.

Skin, hair and nail diseases.

Skin cancer surgery

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Elena Garcia-Cardona/President
Address: 306 Winward Isle Road
Clearwater FL, 33767

Name and Title: _____
Address: _____

Name and Title: Edgardo Hernandez-Jimenez/Vice-President
Address: 306 Winward Isle Road
Clearwater FL, 33767

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:

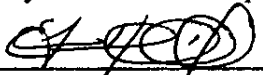
Name: Edgardo Hernandez
Address: 306 Winward Isle Road
Clearwater FL, 33767

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Elena Garcia-Cardona
Address: 306 Winward Isle Road
Clearwater FL, 33767

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

Edgardo Hernandez Jimenez

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

Maria Elena Garcia-Cardona

June-3-2012
Date

June-3-2012
Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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