

P12000064510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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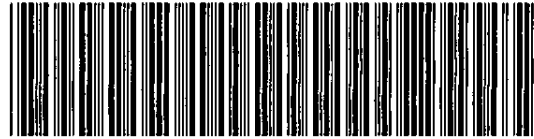
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/20/12--01009--002 **78,75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 20 AM 8:39

Ps 7/25/12
200236909422

COVER LETTER

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

SUBJECT: **RICKI'S SHOES ORTHOPEDICS, 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: **Oscar A Calderon**

Name (Printed or typed)

435 Oak Avenue

Address

Sembring, FL 33870

City, State & Zip

(240) 277-7293

Daytime Telephone number

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **RICKI'S SHOES ORTHOPEDICS, INC**

12 JUL 20 AM 8:39

ARTICLE II PRINCIPAL OFFICE

Principal street address
435 Oak Avenue
Sebring, FL 33870

Mailing address, if different is:
435 Oak Avenue
Sebring, FL 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To made and repair orthopedics shoes

ARTICLE IV SHARES

The number of shares of stock is: **(One hundred shares belong to: 100% Oscar Calderon**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oscar A Calderon, P/V/P/D/S/T
Address: 435 Oak Avenue
Sebring, FL 33870

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: Ligia M Cuadra
Address: 1641 W Flagler Street
Miami, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oscar A Calderon
Address: 435 Oak Avenue
Sebring, FL 33870

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

07/16/2012

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

07/16/2012

Date