

P12000091251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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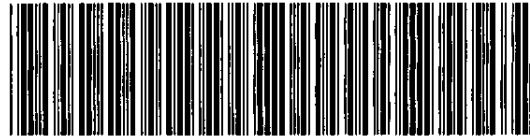
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/12--01042--008 **78.75

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COVER LETTER

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

SUBJECT: Sweetwater Foot Care, 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: Gisselle Perez

Name (Printed or typed)

11389 West Flagler St

Address

Miami, Fl 33174

City, State & Zip

305-480-2045

Daytime Telephone number

gismermedical@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: Sweetwater Foot Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11389 West Flagler St
Miami, FL 33174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Podiatric products & services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Gisselle Perez President</u>	Name and Title: _____
Address: <u>11389 West Flagler St</u>	Address: _____
<u>Miami, FL 33174</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: Gisselle Perez
Address: 11389 West Flagler St
Miami, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gisselle Perez
Address: 11389 West Flagler St
Miami, FL 33174

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

10/23/12

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

10/23/12

Date

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