

P12000101289

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
ORANGE MEDICAL PLAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/13/12



December 12, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: ORANGE MEDICAL PLAN, INC.
REF: W12000061470

We have received your document for ORANGE MEDICAL PLAN, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000290175
Letter Number: 212A00029353

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

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

SUBJECT: Orange Medical Plan, 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: Arnaldo Fernandez Baca

Name (Printed or typed)

6700 Cypress Road, #405

Address

Plantation, FL 33317

City, State & Zip

954-587-7318

Daytime Telephone number

globani01@hotmail.com

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

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DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

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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:

Orange Medical Plan, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6700 Cypress Road #405
Plantation, FL 33317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amalio Fernandez BACA-P

Address: 6700 Cypress Road, #405
Plantation, FL 33317

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:

Address:

Amalio Fernandez BACA
6700 Cypress Road #405
Plantation, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Address:

Amalio Fernandez BACA
6700 Cypress Road #405
Plantation, FL 33317

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

JAF

Required Signature/Registered Agent

12/11/2012

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.

JAF

Required Signature/Incorporator

12/11/2012

Date

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