

P130000020122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/26/13--01020--007 **78.75

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13 MAR -4 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-11862

COVER LETTER

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

SUBJECT: ALL-IN-ONE URGENT CARE

(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: **RICHET CUNILL**

Name (Printed or typed)

211 US 27 NORTH

Address

SEBRING, FL 33870

City, State & Zip

786-306-5012

Daytime Telephone number

RCUNILL@ATT.NET/

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2013

RICHET CUNILL
211 US 27 NORTH
SEBRING, FL 33870

SUBJECT: ALL-IN-ONE URGENT CARE
Ref. Number: W13000011862

We have received your document for ALL-IN-ONE URGENT CARE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 213A00004747

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: ALL-IN-ONE URGENT CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

211 US 27 NORTH

SEBRING, FL 33870

Mailing address, if different is:

211 US 27 NORTH

SEBRING, FL 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: URGENT CARE/MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEX AGOSTINI

Address: PRESIDENT

211 US 27 NORTH

SEBRING, FL 33870

Name and Title: RICHET CUNILL

Address: VICE PRESIDENT

211 US 27 NORTH

SEBRING, FL 33870

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: RICHET CUNILL
Address: 211 US 27 NORTH
SEBRING, FL 33870


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

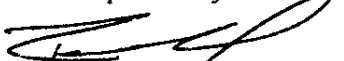
Name: RICHET CUNILL
Address: 211 US 27 NORTH
SEBRING, FL 33870

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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

 2/25/13
Required Signature/Registered Agent 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.

 2/25/13
Required Signature/Incorporator Date