

P13000027535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

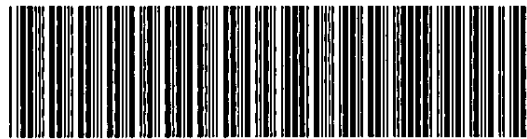
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/13--01032--015 **78.75

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13 MAR 25 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/24/13

COVER LETTER

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

SUBJECT: MED-CHOICE SERVICES, 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: MARIANITZA GONZALEZ

Name (Printed or typed)

15138 SW 20 LN

Address

MIAMI FLORIDA 33185

City, State & Zip

305-299-9892

Daytime Telephone number

MARIANITZAACOSTA@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)

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ARTICLE I NAME

The name of the corporation shall be: MED-CHOICE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15138 SW 20 LN

MIAMI FLORIDA 33185

Mailing address if different is:

SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANITZA GONZALEZ(PRESIDENT)

Name and Title: _____

Address

15138 SW 20 LN

Address: _____

MIAMI FLORIDA 33185

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)

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Name and Title: _____ Name and Title: 13 MAR 25 PM 1:28
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

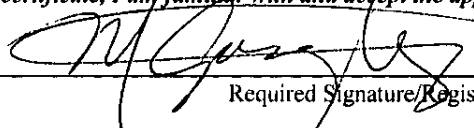
Name: MARIANITZA GONZALEZ
Address: 15138 SW 20 LN
MIAMI FLORIDA 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIANITZA GONZALEZ
Address: 15138 SW 20 LN
MIAMI FLORIDA 33185

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

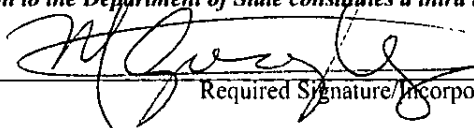


Required Signature/Registered Agent

03/19/2013

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

03/19/2013

Date