

PI3000038304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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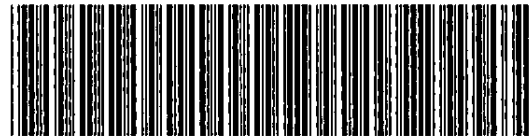
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

144

COVER LETTER

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

SUBJECT: **Jorge Gil ARNP, 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: **Jorge Gil**
Name (Printed or typed)
5242 SW 164 PL
Address
Miami, Florida 33185
City, State & Zip
786-312-3603
Daytime Telephone number
jrgilnavarro@hotmail.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. (Profitable)

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ARTICLE I NAME

The name of the corporation shall be: Jorge Gil ARNP, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5242 SW 164 PL

Miami, FL 33185

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide healthcare services in urban
Miami area by a board certified Advanced Registered Nurse Practitioner.
Services will be provided in Hospitals, Skilled Nursing Facilities and
Assisted Living Facilities.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Gil-Owner Name and Title: _____

Address 5242 SW 164 PL Address: _____

Miami, FL 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: _____
Address _____ Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Jorge Gil
Address: 5242 SW 164 PL
Miami, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Gil
Address: 5242 SW 164 PL
Miami, FL 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

04/18/2013

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

04/18/2013

Date