

P13000084612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

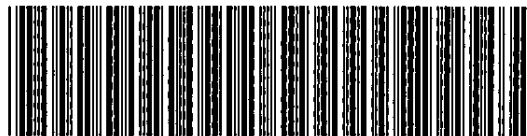
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200252530122

10/15/13--01020--021 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 OCT 15 PM 1:22

114

COVER LETTER

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

SUBJECT: OCEAN MEDICAL INSTITUTE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SUREYA DIAZ
Name (Printed or typed)
6802 N. ARMENIA AVE
Address
TAMPA, FL 33604
City, State & Zip
813-846-5628
Daytime Telephone number
oceanmedicalinstitute@gmail.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:

OCEAN MEDICAL INSTITUTE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6802 N. ARMENIA AVE

TAMPA, FL 33604

Mailing address, if different is:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 OCT 15 PM 1:22

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUREYA DIAZ / PRESIDENT

Address

6802 N. ARMENIA AVE

TAMPA, FL 33604

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(cont.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2013 OCT 15 PM 1:22

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:

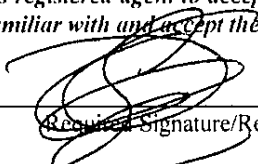
Name: SUREYA DIAZ
Address: 6802 N. ARMENIA AVE
TAMPA, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUREYA DIAZ
Address: 6802 N. ARMENIA AVE
TAMPA, FL 33604

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

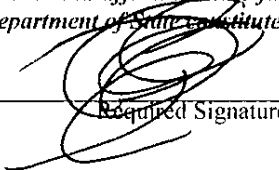


Required Signature/Registered Agent

10/10/2013

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

10/10/2013

Date