

PI40000010060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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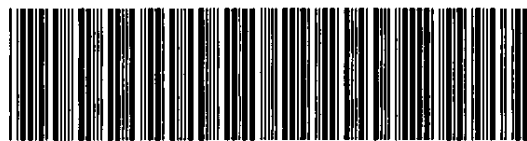
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT COURT  
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MD 2/4

## COVER LETTER

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

SUBJECT: **G & G MEDICAL CENTER 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: **G & G MEDICAL CENTER INC**

Name (Printed or typed)

**8080 W. FLAGLER STREET # 3A**

Address

**MIAMI, FLORIDA 33144**

City, State & Zip

**786-712-7093**

Daytime Telephone number

**GARROTE39@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. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: G & G MEDICAL CENTER INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8080 W FLAGLER STREET

SUITE 3a

MIAMI, FLORIDA 33144

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A legally healthcare business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JORGE L. GARROTE, P

Address 14117 S.W.66 STREET

H2

MIAMI, FLORIDA 33183

Name and Title: RAMON GARCIA, VP

Address: 10195 S.W. 203 TERR

MIAMI, FLORIDA 33189

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: JORGE L. GARROTE

Address: 14117 S.W. 66 STREET #H2

MIAMI, FLORIDA 33183

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JORGE L. GARROTE

Address: 8080 W FLAGLER ST #3A

MIAMI, FLORIDA 33144

*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

01/23/2014

\_\_\_\_\_  
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

01/23/2014

\_\_\_\_\_  
Date