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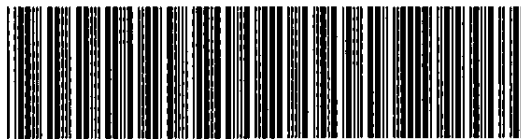
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Medical Nutrition Therapy of Orlando, 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: Rossie E. Bonetont, ^{MPH} ~~MA~~, RD, LCN
Name (Printed or typed)

3815 Marsh Lilly Dr.
Address

Orlando, FL 32828
City, State & Zip

407-683-8639
Daytime Telephone number

rossierivera52@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:

Medical Nutrition Therapy of Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3815 Marsh Lilly Dr.
Orlando, FL 32828

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Medical Nutrition Therapy services to clients/patients as referred by their physicians. Also, offer other nutrition consultation services and foods nutritional analysis.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Rossie E. Bonenfant, MPH, RD, LDM

Name and Title:

Address

3815 Marsh Lilly Dr.
Orlando, FL, 32828

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(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: Gabriela A. Bonfont Rivera
Address: 3815 Marsh Lilly Dr.
Orlando, FL 32828

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rossie E. Bonfont, MPA, RD, LDN
Address: 3815 Marsh Lilly Dr.
Orlando, FL 32828

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

[Signature]
Required Signature/Registered Agent

3/5/2014
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.

[Signature]
Required Signature/Incorporator

3/5/2014
Date