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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/15/14

COVER LETTER

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

SUBJECT: PDJ MEDICAL GROUP 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: DR. AUGUSTINE ADIBOSHI

Name (Printed or typed)

9995 SW 72nd Street **SUITE 208**

Address

Miami, FL 33173

City, State & Zip

(901) 326-0528

Daytime Telephone number

adiboshi@aol.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: PDJ Medical Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9995 SW 72nd Street

Miami, FL 33173

SUITE 208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of establishing a medical clinic

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Augustine Adiboshi, President

Name and Title: _____

Address 9995 SW 72nd Street

Address: _____

Miami, FL 33173

SUITE 208

Name and Title: Akudo Adiboshi

Name and Title: _____

Address 9995 SW 72nd Street

Address: _____

Miami, FL 33173

SUITE 208

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: Dr. Augustine Adiboshi
Address: 9995 SW 72nd Street
Miami, FL 33173 , SUITE 208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Augustine Adiboshi
Address: 9995 SW 72nd Street
Miami, FL 33173
SUITE 208

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

V [Signature]
Required Signature/Registered Agent

09/06/14
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.

X [Signature]
Required Signature/Incorporator

09/06/14
Date

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