

P14000082569

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Number : I20110000086
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -7 PM 12:44

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: contact@interstatefilings.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
CLINIC OF INNOVATIVE MINDS, P.C.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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October 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: CLINIC OF INNOVATIVE MINDS, P.C.
REF: W14000061011

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000234289
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14 OCT - 7 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16:18 10/07/18 Pg 3-4

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 OCT -7 PM 12:44

ARTICLE I NAME

The name of the corporation shall be:

CLINIC OF INNOVATIVE MINDS, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 N. FEDERAL HWY. STE. 306
HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ANNA BINDER, PRESIDENT

Name and Title:

Address

900 N. FEDERAL HWY. STE. 306
HALLANDALE, FL 33009

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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AND
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| | | | |
|-----------------|-------|-----------------|--------------------------------------------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: ANNA BINDER
Address: 900 N. FEDERAL HWY. STE. 306
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANNA BINDER
Address: 900 N. FEDERAL HWY. STE. 306
HALLANDALE, FL 33009

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

10/7/14
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.

Required Signature/Incorporator

10/7/14
Date