

P14000085105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 14 PM 3:25

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: Duarte Medical Semices 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: Elizabeth Duarte

Name (Printed or typed)

15975 Arbor View Blvd #617

Address

Naples, Florida 34110

City, State & Zip

(239) 961-0820

Daytime Telephone number

eduarte729@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Duarte Medical Services Inc. 14 OCT 14 PM 3:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15975 Arbor View Blvd #617

NAPLES, FL 34110

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity
or business permitted under the laws of the
United States and State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 10,000 p.v. \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Duarte, President Name and Title: Elizabeth Duarte, Treasurer

Address 15975 Arbor View Blvd #617 Address: 15975 Arbor View Blvd #617
NAPLES, FL 34110 NAPLES, FL 34110

Name and Title: Elizabeth Duarte, Secretary Name and Title: _____

Address 15975 Arbor View Blvd #617 Address: _____
NAPLES, FL 34110

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVAL
AND
FILED (cont.)

14 OCT 14 PM 3:25

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

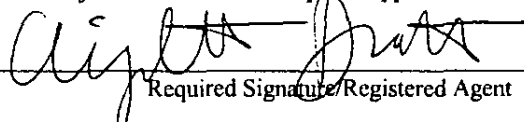
Name: Elizabeth Duarte
Address: 15975 Arbor View Blvd #617
Naples, FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

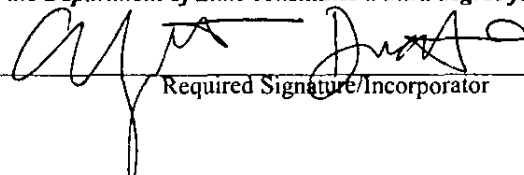
Name: Elizabeth Duarte
Address: 15975 Arbor View Blvd #617
Naples, FL 34110

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

Oct 08, 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

Oct 08, 2014
Date