

PI 4000086993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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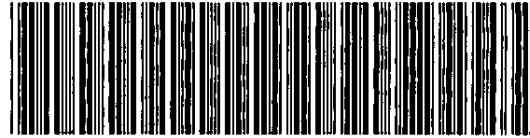
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 24 2014
S. GILBERT

COVER LETTER

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

SUBJECT: **PAGMD. 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: **Pablo A. Guzman**

Name (Printed or typed)

3200 N. Ocean Blvd. Apt 1503

Address

Ft. Lauderdale, Florida, 33308

City, State & Zip

954-895-5926

Daytime Telephone number

pguzmanmd@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)

ARTICLE I NAME

The name of the corporation shall be: PAGMD, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3200 N Ocean Blvd., Apt 1503

FT. Lauderdale, Florida

33308

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo A Guzman, President

Address 3200 N. Ocean Blvd., Apt 1503

Ft. Lauderdale, Florida

33308

Name and Title: Lucille Guzman, Vice president

Address: 3200 N. Ocean Blvd., Apt 1503

Ft. Lauderdale, Florida

33308

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(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:

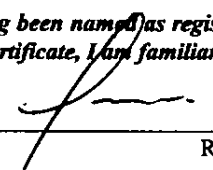
Name: Pablo A. Guzman
Address: 3200 N. Ocean Blvd., Apt 1503
Ft. Lauderdale, Florida 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo A. Guzman
Address: 3200 N. Ocean Blvd., Apt 1503
Ft. Lauderdale, Floprida 33308

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

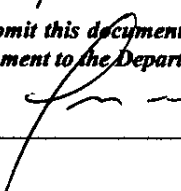


Required Signature/Registered Agent

October 21, 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

October 21, 2014

Date