

PISOUOOUOALD

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

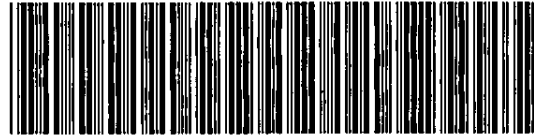
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600267712326

12/24/14--01023--002 **87.50

FILED
15 JAN -6 PM 7:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA 76573

COVER LETTER

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

SUBJECT: **Prime Care Family Health Centers, 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: **Raymond Levy**

Name (Printed or typed)

9780 E Indigo Street Suite 202

Address

Palmetto Bay, FL 33157

City, State & Zip

305.252.9485

Daytime Telephone number

raymond@tmminc.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

December 16, 2014

AUTHORIZATION TO USE BUSINESS NAME

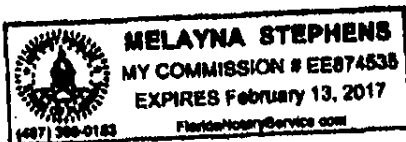
To whom it may concern,

This is to notify that we, Dr. Emmanuel L. Nau and Mrs. Marise, Nau, filed the Articles of Dissolution of Prime Care Family Health Centers, Inc. (EIN 02-0587578) located at 1706 Semoran Blvd., # 101, Apopka, FL 32703.

We hereby authorize the use of this name to be registered with the State of Florida, Division of Corporations.

Date: 12 - 16 2014 Emmanuel L. Nau
Emmanuel L. Nau

Date: 12-16-2014 Maryse Nau
Maryse Nau



Subscribed and affirmed before me in the county of Miami-Dade, State of Florida, this 16th day of December 2014.

Melayna Stephens
Commission Expires: February 13, 2017

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: Prime Care Family Health Centers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1339 Arlington Street

Orlando, FL 32805

Mailing address, if different is:

9780 E Indigo ST #202

Palmetto Bay, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Levy, Pres.

Address 9780 E Indigo Street

Suite 202

Palmetto Bay, FL 33157

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
15 JAN -6 PM 7:38
SECRETARY OF STATE
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: Raymond Levy
Address: 9780 E Indigo ST #202
Palmetto Bay, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

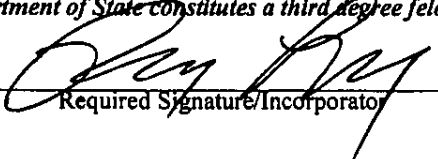
Name: Raymond Levy
Address: 9780 E Indigo ST #202
Palmetto Bay, FL 33157

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

12-23-14
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

12-23-14
Date

FILED
JAN -6 PM 7:38
CLERK OF STATE
TALLAHASSEE FLORIDA