

P15000055779

(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

W1500034792

JUL 02 2015

T. SCOTT



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05/11/15--01010--008 **78.75

15 JUN 29 AM 8:55

STATE OF ARIZONA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2015

RAMON H ROMAN
P.O. BOX 161604
MIAMI, FL 33116-1604

SUBJECT: RCR MEDSERV, P.A.
Ref. Number: W15000034792

We have received your document for RCR MEDSERV, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 115A00010302

COVER LETTER

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

SUBJECT: RCR MEDSERV, P. A.
(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: RAMON H ROMAN ARNP, FNP
Name (Printed or typed)

P.O. BOX 161604
Address

MIAMI, FLORIDA, 33116-1604
City, State & Zip

786-661-0061
Daytime Telephone number

RROMANARNP@GMAIL.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 RCR MEDSERV, P.A.
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
_____	_____
14739 SW 179 ST	P.O. BOX 161604
_____	_____
MIAMI, FL, 33187-7710	MIAMI, FLORIDA, 33116-1604
_____	_____

ARTICLE III PURPOSE MEDICAL PRACTICE AND HEALTHCARE.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMON H ROMAN, PRESIDENT	Name and Title: _____
Address: P.O. BOX 161604	Address: _____
MIAMI, FLORIDA, 33116-1604	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

15 JUN 29 AM 8:55

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: RAMON H ROMAN
Address: 14739 SW 179 ST
MIAMI, FLORIDA, 33187-7710

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RAMON H ROMAN, PRESIDENT
Address: P.O. BOX 161604
MIAMI, FLORIDA, 33116-1604

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 06/23/2015
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 06/23/2015
Date