

P1500000966

(Requestor's Name)

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☐ PICK-UP

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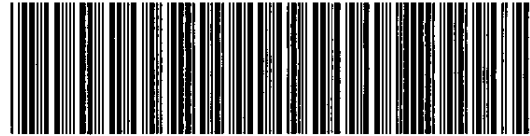
(Business Entity Name)

(Document Number)

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15 JUL 20 AM 8:41
TALLAHASSEE, FLORIDA

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JUL 24 2015

R. WHITE

COVER LETTER

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

SUBJECT: MA, RNC LTC Consultant *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: Marcia Pinkney Adekambi

Name (Printed or typed)

12630 N.E. Miami Court

Address

Miami, FL 33161

City, State & Zip

(305)793-1870

Daytime Telephone number

ciniyc@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)

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ARTICLE I NAME

The name of the corporation shall be: MA, RNC LTC Consultant. /nc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12630 N.E. Miami Court

Miami, FL. 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical consultations.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares at \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcia Pinkney Adekambi - President

Name and Title: _____

Address 12630 N.E. Miami Court

Address: _____

Miami, FL. 33161

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Charles Inije _____

Address: 20401 NW 2nd Avenue suite 214 _____

Miami Gardens, FL. 33169. _____

ARTICLE VII INCORPORATOR

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

Name: Marcia P. Adekambi _____

Address: 12630 N.E. Miami Court _____

Miami, FL. 33161 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

07/16/2015

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

07/16/2015

Date