

P15000095151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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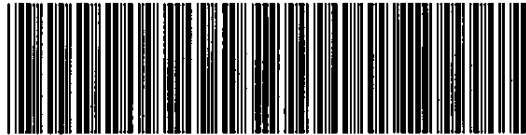
(Business Entity Name)

(Document Number)

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NOTARIAL STATE  
TALLAHASSEE, FLORIDA

11/30/15

## COVER LETTER

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

**SUBJECT:** Jacksonville Research Institute 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:** Rene U Pulido MD

Name (Printed or typed)

2624 Atlantic Blvd Ste

Address

Jacksonville, FL 32207

City, State & Zip

904-513-3240

Daytime Telephone number

jparedes@emedmultispecialtygroup.com

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 11/10/15

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: Jacksonville Research Institute Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2624 Atlantic Blvd, Ste 6  
Jacksonville, FL 32207

SECRETARY OF STATE  
JACKSONVILLE, FLORIDA  
Mailing address, if different is:  
2624 Atlantic Blvd, Ste 6  
Jacksonville FL 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Research Institute

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Huber Matos-Garsault, MD

Name and Title: \_\_\_\_\_

Address 2624 Atlantic Blvd, Ste 6  
Jacksonville, FL 32207

Address: \_\_\_\_\_

President

Name and Title: Rene U Pulido, MD

Name and Title: \_\_\_\_\_

Address 2624 Atlantic Blvd, Ste 6  
Jacksonville, FL 32207

Address: \_\_\_\_\_

Vice President / Treasurer

Name and Title: Juan D Pulido, MD

Name and Title: \_\_\_\_\_

Address 2624 Atlantic Blvd, Ste 6  
Jacksonville, FL 32207

Address: \_\_\_\_\_

Vice President / Secretary

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: Rene U Pulido MD  
Address: 2624 Atlantic Blvd, Ste 6  
Jacksonville, FL 32207

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Huber Matos-Garsault MD  
Address: 2624 Atlantic Blvd, Ste 6  
Jacksonville, FL 32207

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 10, 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  
11/10/2015  
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  
11/10/2015  
Date