

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 620-2583

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GF MEDICAL SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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March 22, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALLSTATE MEDICAL CONSULTING, INC.

SUBJECT: GF MEDICAL SERVICES, INC.

REF: W16000021327

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE LIST FIRST NAME, LAST NAME AND LAST NAME IN EVERY SPACE.,

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H16000068028
Letter Number: 016A00005843

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TALLAHASSEE, FLORIDA
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P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: GF MEDICAL SERVICES, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1168 NW 30 ST.
Miami, FL 33127ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful
businessARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: P Gardenia Garcia MartinezAddress 1168 NW 30 ST.Miami, FL 33127Name and Title: VP Francis Hernandez GaldonaAddress 1168 NW 30 ST.Miami, FL 33127Name and Title: T Liz JimenezAddress 1168 NW 30 ST.Miami, FL 33127FILED
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TALLAHASSEE, FLORIDA
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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gardenia Garcia Martinez
Address: 1168 NW 30 ST.
Miami, FL 33127

16 MAR 24 AM 11:33

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TALLAHASSEE, FLORIDA**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Gardenia Garcia Martinez
Address: 1168 NW 30 ST.
Miami FL 33127

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

GMG
Required Signature/Registered Agent

03/17/16
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.

GMG
Required Signature/Incorporator

03/17/16
Date