

P16 00087140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

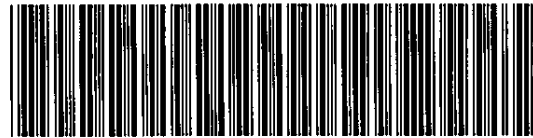
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290289848

09/16/16--01026--016 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 21 PM 4:16

M. MOON

OCT 21 2016

10/16



RECEIVED

16 OCT 21 PM 12:34

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

September 20, 2016

ELVIS TOUSSAINT
1271 PEREGRINE WAY
WESTON, FL 33327

SUBJECT: MEDIFAST NURSING CARE SERVICES, INC.
Ref. Number: W16000064781

We have received your document for MEDIFAST NURSING CARE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 316A00020090

16 OCT 21 PM 4:16

FILED
DIVISION OF COMMERCIAL
REGISTRATION SERVICES
FLORIDA

COVER LETTER

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

MEDIFAST NURSING CARE SERVICES, INC

SUBJECT: _____
(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 *yes*
Filing Fee
& Certificate of Status

☒ \$78.75 *yes*
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)
1271 PEREGRINE WAY

Address
WESTON, FLORIDA 33327

City, State & Zip
954-404-3082

Daytime Telephone number
medifastnursing@yahoo.com

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

16 OCT 21 PM 4:16

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MEDIFAST NURSING CARE SERVICES, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1271 PEREGRINE WAY

1271 PEREGRINE WAY

WESTON, FLORIDA 33327

WESTON, FLORIDA 33327

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS

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: ELVIS TOUSSAINT, PRESIDENT

Name and Title: _____

Address 1271 PEREGRINE WAY

Address: _____

WESTON, FLORIDA 33327

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
STATE
SECRETARY
FALL 16
16 OCT 21 PM 4:16
FLORIDA

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: Elvis Toussaint
Address: 1271 Peregrine way
Weston FL 33327

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 21 PM 4:16

ARTICLE VII INCORPORATOR

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

Name: Elvis Toussaint
Address: 1271 Peregrine way
Weston, FL 33327

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

[Signature]
Required Signature/Registered Agent

10/17/16
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.

[Signature]
Required Signature/Incorporator

10/17/16
Date