# P16000/00119

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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

FILED

# **COVER LETTER**

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

SUBJECT: Trusted Medical Care Advocates. Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$87.50

Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

#### FROM:

Cindy Rene Bishop 1015 Atlantic Blvd. Suite 425 Atlantic Beach, FL 32233 Daytime Telephone number: 904-246-0075 E-mail address: CRBishop2@gmail.com

**NOTE:** Original and one copy of the articles enclosed

# **ARTICLES OF INCORPORATION**

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

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following articles of incorporation:

#### **ARTICLE I**

The name of the corporation shall be: Trusted Medical Care Advocates, Inc.

# **ARTICLE II**

Principal street address:

73 Dewees Avenue Atlantic Beach, FL 32233

Mailing address:

1015 Atlantic Blvd. Suite 425 Atlantic Beach, FL 32233

#### **ARTICLE III**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

## **ARTICLE IV**

The number of shares of stock is: 1,000

#### **ARTICLE V**

The initial officers of the corporation are:

#### **PRESIDENT**

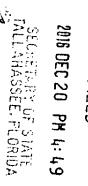
Cindy Rene Bishop 1015 Atlantic Blvd. Suite 425 Atlantic Beach, FL 32233

#### **SECRETARY**

Cindy Rene Bishop 1015 Atlantic Blvd. Suite 425 Atlantic Beach, FL 32233

#### TREASURER

Cindy Rene Bishop 1015 Atlantic Blvd. Suite 425 Atlantic Beach. FL 32233



### **ARTICLE VI**

The name and Florida street address of the registered agent is:

Cindy Rene Bishop 73 Dewees Avenue Atlantic Beach, FL 32233 2016 DEC 20 PM 4: 49

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SEGMETARY OF STATE TALLAHASSEE, FLORIDA

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. I certify that I am familiar with and accept the responsibilities of Registered Agent:

Cindy Rene Bishop Cmy Clau Bs. Date 12/15/14.

## **ARTICLE VII**

The effective date of the corporation shall be: 1/2/2017

#### **ARTICLE VIII**

The name and address of the Incorporator is:

Cindy Rene Bishop 73 Dewees Avenue Atlantic Beach, FL 32233

I am the Incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 31<sup>st</sup> of the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

I submit this document and affirm that the facts stated herein are true.