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COVER LETTER

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

SUBJECT: NOBOA MEDICAL CONSULTING, 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: JESSE A. NOBOA, M.D.
Name (Printed or typed)

299 Saddlebrook Ln
Address

Naples FL 34110
City, State & Zip

(336) 254-2601
Daytime Telephone number

JNOBOA1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

JESSE NOBOA, M.D.



299 Saddlebrook Ln • Naples, FL 34110 • Phone: (336) 254-2601
E-Mail: Jnoba1@gmail.com

Date: December 13, 2016

Florida Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850)245-6052

To Whom It May Concern:

* On October 20, 2016 NOBOA MEDICAL CONSULTING, INC. document #P15000100789 was administratively dissolved or revoked for failure to file its 2016 Annual Report. This letter serves to inform you this corporation will not be reinstated and the name "NOBOA MEDICAL CONSULTING, INC." can be made available for public use.

Sincerely,

Jesse Noboa, MD

Registered Agent, Noboa Medical Consulting, Inc.

ARTICLES OF INCORPORATION

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

ARTICLE I. NAME

The name of the corporation shall be: Ndooa Medical Consulting, Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

299 Saddlebrook Ln
Naples FL 34110

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV. SHARES

The number of shares of stock is: 1 (one)

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jesse A. Ndooa, MD, President Name and Title: _____

Address: 299 Saddlebrook Ln Address: _____
Naples FL 34110

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jesse A. Nboon, MD.

Address: 299 Saddlebrook Ln
Naples FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jesse A. Nboon, MD

Address: 299 Saddlebrook Ln
Naples FL 34110

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

12/13/2016
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

12/13/2016
Date