

P17000001045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

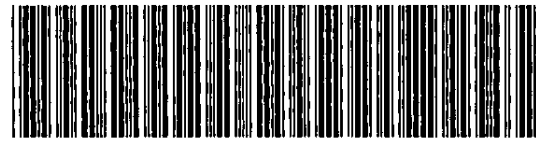
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN -4, PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W16-085576

✓ 01/05/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2016

OBIOMA OGBONNA
100 PATRIOT LN., #330
CRESTVIEW, FL 32539

SUBJECT: DR. OBIOMA OGBONNA
Ref. Number: W16000085576

We have received your document for DR. OBIOMA OGBONNA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00027289

COVER LETTER

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

SUBJECT: DR OBIONNA OGBONNA
(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: DR OBIONNA OGBONNA
Name (Printed or typed)

1000 PATRIOT Lane #330
Address

Westview Florida 32539
City, State & Zip

646-932-6725
Daytime Telephone number

OgbonnaObi2002@yahoo.com
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: DR. OBIOMA OGBONNA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

DR. OBIOMA OGBONNA

124 RIVER HEIGHT DRIVE
302,
MEMPHIS, TN 38103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independed Contractor Medical Doctor.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR OBIOMA OGBONNA Name and Title: President

Address 1000 PATRIOT LANE Address: _____
330, _____
CRESVIEW, FLORIDA 32539 _____

Name and Title: DR OBIOMA OGBONNA Name and Title: Sec, TREAS

Address 1000 PATRIOT LANE Address: _____
330, _____
CRESVIEW, FLORIDA _____
32539 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: CHIOMA P. OGBONNA
 Address: 1000 PATRIOT LANE
330
CRESTVIEW, FLORIDA 32539

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. OBIOMA OGBONNA
 Address: 1000 PATRIOT LANE
330 CRESTVIEW FLORIDA 32539

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-16-2016 (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

12/16/2016
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

12/16/2016
Date