

PI7000001085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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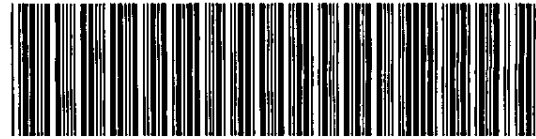
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN -3 PM 5:46

M. MOON
JAN 03 2017

COVER LETTER

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

SUBJECT: CHIRLIN 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: ROBERT CHIRLIN
Name (Printed or typed)

434 TREVISO DR.
Address

POINCIANA, FL 34759
City, State & Zip

978-758-8217
Daytime Telephone number

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

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

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TALLAHASSEE, FL

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: CHIRLIN MEDICAL CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

434 TREVISO DR.

POINCIANA, FL 34759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE MEDICAL OFFICE CONSULTING IN THE AREAS OF BILLING, HEALTH INFORMATION EXCHANGES, PRACTICE MANAGEMENT, MARKETING STRATEGIES, DEALING WITH ACCOUNTABLE CARE ORGS., ETC.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT CHIRLIN, PRES. Name and Title: _____

Address 434 TREVISO DR. Address: _____

POINCIANA, FL

34759

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY
17 JAN -3 PM 5:45

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: ROBERT CHIRLIN

Address: 434 TREVISO DR.

POINCIANA, FL 34759

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT CHIRLIN

Address: 434 TREVISO DR.

POINCIANA, FL 34759

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

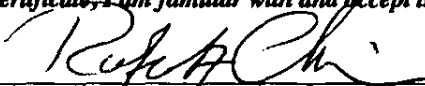
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2017 (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



Required Signature/Registered Agent

_____ 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

_____ Date