

P170000690565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

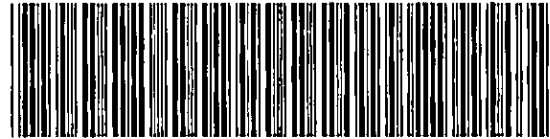
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800304850098

10/25/17--01020--011 **78.75

N. SAMS

NOV 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 NOV 13 21:17

October 26, 2017

ALEIRAM DE LAS CAGIGAS
1401 S. MILITARY TRAIL SUITE-C
WEST PALM BEACH, FL 33415

SUBJECT: CMC RESEARCH CENTER
Ref. Number: W17000085724

We have received your document for CMC RESEARCH CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 017A00021638

17 NOV 13 PM 4:00
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

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

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
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: _____ CMC RESEARCH CENTER, INC
Name (Printed or typed)
1401 S. MILITARY TRAIL, SUITE-C
Address
WEST PALM BEACH, FLORIDA 33415
City, State & Zip
561-436-9597
Daytime Telephone number
ALEXCAGIGAS@GMAIL.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)

FILE

ARTICLE I NAME

The name of the corporation shall be:

CMC RESEARCH CENTER, INC

17 NOV 13 PM 4:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1401 S. MILITARY TRAIL, SUITE-C
WEST PALM BEACH, FL 33415

1401 S. MILITARY TRAIL, SUITE-C
WEST PALM BEACH, FLORIDA 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL RESEARCH

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEIRAM DE LAS CAGIGAS / P.

Name and Title: _____

Address 1401 S. MILITARY TRAIL
SUITE-C

Address: _____

WEST PALM BEACH, FL 33415

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ALEIRAM DE LAS CAGIGAS

Address: 3050 SHERWOOD FOREST BLVD

GREENACRES, FLORIDA 33463

ARTICLE VII INCORPORATOR

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

Name: ALEIRAM DE LAS CAGIGAS

Address: 3050 SHERWOOD FOREST BLVD

GREENACRES, FL 33463

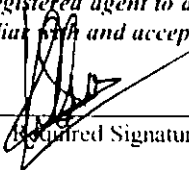
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/7/2017. (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

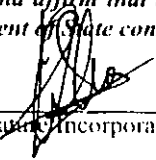


Required Signature/Registered Agent

11/3/2017

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

11/3/2017

Date

17 NOV 13 PM 4:00
NOT RECORDED