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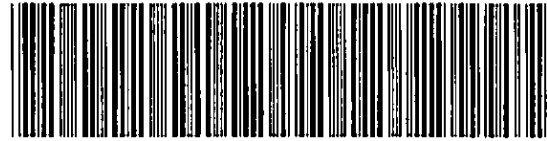
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARLO A. CANDELARIO
10700 CITY CENTER BLVD, Apt. 5291
PEMBROKE PINES, FL 33025

DEPARTMENT OF STATE (850)245-6052
DIVISION OF CORPORATIONS-CLIFTON BLDG
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Carlo A. Candelario Rodriguez, M.D., P.A.

(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: Carlo A. Candelario Rodriguez

Name (Printed or typed)

10700 City Center Blvd, Apt. 5291

Address

Pembroke Pines, FL 33025

City, State & Zip

(786) 306-3808

Daytime Telephone number

ccandelario09@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)

ARTICLE I NAME

The name of the corporation shall be: Carlo A. Candelario Rodriguez, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10700 City Center Blvd.

Apt. 5291

Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in and perform any activity or business related to the practice of medicine as permitted under the laws of the United States of America and the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlo A. Candelario Rodriguez - President

Name and Title: _____

Address 10700 City Center Blvd.

Address: _____

Apt. 5291

Pembroke Pines, FL 33025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Carlo A. Candelario Rodriguez
Address: 10700 City Center Blvd, Apt. 5291
Pembroke Pines, FL 33025

ARTICLE VII INCORPORATOR

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

Name: Carlo A. Candelario Rodriguez
Address: 10700 City Center Blvd., Apt. 5291
Pembroke Pines, FL 33025

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2018. (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

X _____
Required Signature/Registered Agent

X 10/21/2017
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.

X _____
Required Signature/Incorporator

X 10/21/2017
Date