

# P18 000 022 542

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



D O'KEEFE

MAR 12 2018

ANTONIO J. DIAZ  
THE BUSINESS CLINIC, INC.  
1475 W OKEECHOBEE ROAD  
SUITE #4  
HIALEAH, FLORIDA, 33010

February 15, 2018

NEW FILING SECTION  
DIVISIONS OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FLORIDA, 32301

To Whom It May Concern,

My name is Antonio J. Diaz (786) 473-4573, and I am the Registered Agent regarding "THE BUSINESS CLINIC, INC.", Document #P16000017184.

I would like to release the "admin dissolution for annual report" on Document # P16000017184 regarding "The Business Clinic, Inc" and release the rights to the Name.

In addition, I have prepared and signed a copy of the Articles of Incorporation application and enclosed a payment for the application fee in order to submit an original application to register the same name "The Business Clinic, Inc."

Please do not hesitate to contact me, Antonio J Diaz, (786) 473-4573 with any questions or comments.

Thank you in advance for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Antonio J. Diaz", with a long horizontal line extending to the right.

Antonio J. Diaz  
President  
The Business Clinic  
1475 W Okeechobee Rd  
Suite #4  
Hialeah, Florida, 33166

## COVER LETTER

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

**SUBJECT:** THE BUSINESS CLINIC, 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:** ANTONIO J DIAZ

Name (Printed or typed)

1475 W OKEECHOBEE ROAD, SUITE #4

Address

HALEAH, FLORIDA, 33010

City, State & Zip

(786) 473-4573

Daytime Telephone number

TONY@THEBIZCLINIC.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: THE BUSINESS CLINIC, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1475 W OKEECHOBEE RD, SUITE #4

1475 W OKEECHOBEE RD, SUITE #4

HALEAH, FLORIDA, 33010

HALEAH, FLORIDA, 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LEGAL AND LAWFUL PURPOSES.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANTONIO J DIAZ, PRESIDENT

Name and Title: \_\_\_\_\_

Address 1475 W OKEECHOBEE RD, SUITE #4

Address: \_\_\_\_\_

HALEAH, FLORIDA, 33010

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
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: ANTONIO J. PEREZ

Address: 1475 W OKEECHOBEE RD, SUITE #4  
HIALEAH, FLORIDA, 33010

**ARTICLE VII INCORPORATOR**

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

Name: ANTONIO J. PEREZ

Address: 1475 W OKEECHOBEE RD, SUITE #4  
HIALEAH, FLORIDA, 33010

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

02/15/18

\_\_\_\_\_  
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

02/15/18

\_\_\_\_\_  
Date