

P18000061367

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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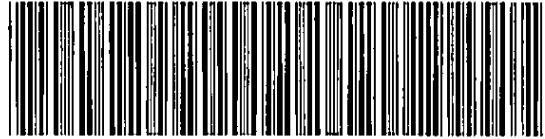
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JUL 16 2018



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18 JUL 12 PM 4:03

COVER LETTER

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

SUBJECT: Sclafani Medical Services, PA

(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: Karen Sclafani

Name (Printed or typed)

2951 PGA Blvd.

Address

Navarre, FL 32566

City, State & Zip

813-210-7958

Daytime Telephone number

colkaren31@outlook.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: Sclafani Medical Services, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2951 PGA Blvd.

Navarre, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide Medical Services

18 JUL 12 PM 4:08

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Sclafani, President

Name and Title: _____

Address 2951 PGA Blvd.

Address: _____

Navarre, FL 32566

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: Karen Sclafani

Address: 2951 PGA Blvd.

Navarre, FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen Sclafani

Address: 2951 PGA Blvd.

Navarre, FL 32566

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CLERK OF SUPERIOR COURT
DADE COUNTY, FLORIDA

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

Karen Sclafani

Required Signature/Registered Agent

7-10-18

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.

Karen Sclafani

Required Signature/Incorporator

7-10-18

Date