

P18000074940

(Requestor's Name)

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(Business Entity Name)

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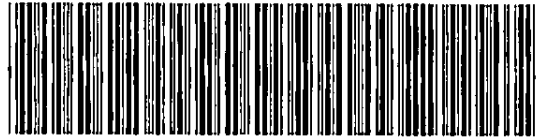
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18 AUG 30 PM 2:13
Filing Office
FALL 2018

COVER LETTER

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

RECEIVED
18 AUG 30 PM 2:14
SECRET
141 507

SUBJECT: DELAWARE PHYSICIAN CORP.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 70.00
Total to domesticate and file	\$120.00

OPTIONAL:

Certificate of Status \$ 8.75 *N/A 27*

AXIOM BUSINESS CONSULTING LLC

Name (printed or typed)

13234 TELECOM DR

Address

TAMPA, FL 33637

City, State & Zip

813-395-0089

Daytime Telephone Number

SJCPA@AXIOMBUSINESSCONSULTING.COM

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, NEELAM PATEL, PRESIDENT
(Name) (Title)

of DELAWARE PHYSICIAN CORP. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MAY 21, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was DELAWARE.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was DELAWARE PHYSICIAN CORP.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is DELAWARE PHYSICIAN CORP.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was DELAWARE.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT of DELAWARE PHYSICIAN CORP.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 11TH day of AUGUST, 2018.


(Authorized Signature)

Filing Fee:
Certificate of Domestication
Articles of Incorporation and ~~Certified Copy~~
Total to domesticate and file

\$ 50.00
\$ 70.75
\$120.75

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TALLAHASSEE
FLA
CLERK OF CIRCUIT COURT

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

DELAWARE PHYSICIAN CORP.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

2341 BARTOLO DR

2341 BARTOLO DR

LAND O LAKES, FL 34639

LAND O LAKES, FL 34639

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

PRESIDENT / NEELAM PATEL

2341 BARTOLO DRIVE

LAND O LAKES, FL 34639

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

AXIOM BUSINESS CONSULTING LLC

13234 TELECOM DR

TAMPA, FL 33637

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

NEELAM PATEL

2341 BARTOLO DR

LAND O LAKES, FL 34639

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Date

8/11/18

Signature/Incorporator

Date

8/11/18

4511
18 AUG 30 PM 2:13
ST. CLAIR
TAMPA, FL