

P18000096103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

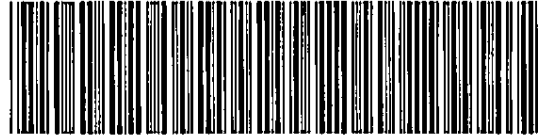
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/26/18--01024--007 **128.75

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18 NOV 26 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W18-98135

M. MOON
NOV 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2018

MONTEL BRATCHER
13844 GRANGER AVE
ORLANDO, FL 32827

SUBJECT: MOONLIGHT MEDICAL VENTURES
Ref. Number: W18000098135

We have received your document for MOONLIGHT MEDICAL VENTURES and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Matthew T Moon
Regulatory Specialist III

Letter Number: 418A00023154

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

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

SUBJECT: _____

Midnight Medical Ventures

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	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

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

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TALLAHASSEE, FL 32304

CERTIFICATE OF DOMESTICATION

The undersigned, Montel J. Bratcher, MD C.E.O
(Name) (Title)

of Moonlight Medical Ventures Incorporated 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 10-1-2018.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Moonlight Medical Ventures Incorporated.
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 Moonlight Medical Ventures Incorporated.
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 State of Kentucky.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am C.E.O of Moonlight Medical Ventures Incorporated

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 16 day of October, 2018.

Montel J. Bratcher MD
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Moonlight Medical Ventures Incorporated

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

<u>1384A Granger Avenue</u>	← <u>Same</u>
<u>Orlando, Florida</u>	
<u>32829</u>	

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To act as a pass-through entity for a physician
1099. S-corporation

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Title/Name

CEO / Montel Bratcher

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Montel J. Bratcher
13844 Granger Ave.
Orlando, Florida 32827

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Montel Bratcher State of Georgia / Montel Bratcher
13844 Granger 13844 Granger Ave
Orlando, FL 32827

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.

Montel J. Bratcher
Signature/Registered Agent

10/16/18
Date

Montel J. Bratcher
Signature/Incorporator

10/16/18
Date

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