

P18000103228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone#)

☐ PICK-UP

☐ WAIT

☐ MAIL

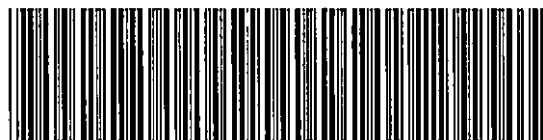
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DEC 28 2018

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COVER LETTER

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

SUBJECT: FERCL Medical 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Claudio Fernandez DO

Name (Printed or typed)

151 N. Nob Hill Rd Suite 303

Address

Plantation, FL 33324

City, State & Zip

551-208-4778

Daytime Telephone number

drcfernandez82@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 FERCL Medical Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

10972 NW 5th Court
Plantation, FL 33324

151 N. Nob Hill Rd, Suite 303
Plantation, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide professional medical
services by a Physician.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudio Fernandez DO Pro

Name and Title: _____

Address

10972 NW 5th Court
Plantation, FL 33324

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-07-2018 BY 60322

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: Claudio Fernandez DO
Address: 10972 NW 5th Court
Plantation, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Claudio Fernandez DO
Address: 10972 NW 5th Court
Plantation, FL 33324

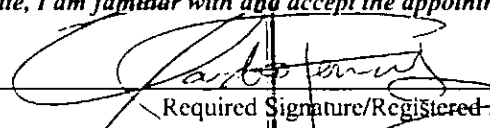
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2019 (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 12/18/18
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.

X 
Required Signature/Incorporator

X 12/18/18
Date