

P19000011843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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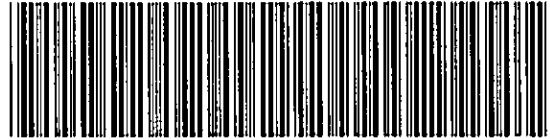
(Business Entity Name)

(Document Number)

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2019 FEB -4 AH10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 12 2019

K Brumbley

## COVER LETTER

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

**SUBJECT:** Amante Medical and Diabetic Center, P.A.

(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:** Catherine Amante

\_\_\_\_\_  
Name (Printed or typed)

3031 W Cypress St Suite B

\_\_\_\_\_  
Address

Tampa, FL 33607

\_\_\_\_\_  
City, State & Zip

813-999-1716

\_\_\_\_\_  
Daytime Telephone number

amantemedical@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: Amante Medical and Diabetic Center, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3031 W Cypress St Suite B

Tampa, Fl 33607

Mailing address, if different is:

3031 W Cypress St Suite B

Tampa, Fl 33607

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Diabetic Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Catherine Amante

Name and Title: President

Address 3031 W Cypress St Suite B

Address: 3031 W Cypress St Suite B

Tampa, Fl. 33607

Tampa, Fl 33607

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: Catherine Amante  
Address: 1001 N MacDill Ave suite B  
Tampa, Fl. 33607

**ARTICLE VII INCORPORATOR**

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

Name: Catherine Amante  
Address: 1001 N MacDill Ave Suite B  
Tampa, Fl 33607

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/01/2019. (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*

*Catherine Amante*

Required Signature/Registered Agent

02/01/2019

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.*

*Catherine Amante*

Required Signature/Incorporator

02/01/2019

Date