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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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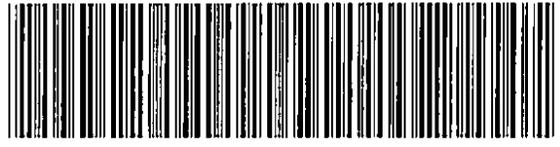
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAR 29 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 MAR 29 PM 4:13

T SCHROEDER

## COVER LETTER

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

**SUBJECT:** EMBRACED MEDICAL SOLUTIONS, 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:** EMBRACED MEDICAL SOLUTIONS, INC.

Name (Printed or typed)

2435 US HIGHWAY 19 STE 280

Address

HOLIDAY, FL 34691

City, State & Zip

727-935-7178

Daytime Telephone number

EMBRACEDMEDICALSOLUTIONSINC@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: EMBRACED MEDICAL SOLUTIONS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>2435 US HWY 19</u> <u>STE 280</u> <u>HOLIDAY, FL 34691</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>KELLY WOLFE PRESIDENT</u> Address: <u>2435 US HWY 19</u> <u>STE 280</u> <u>HOLIDAY, FL 34691</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

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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: KELLY WOLFE  
 Address: 2435 US HWY 19 STE 250  
HOLIDAY, FL 34691

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**ARTICLE VII INCORPORATOR**

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

Name: KELLY WOLFE  
 Address: 2435 US HWY 19 STE 250  
HOLIDAY, FL 34691

**ARTICLE VIII EFFECTIVE DATE:** 03/28/2019

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*

*Kelly Wolfe* Required Signature/Registered Agent 3/28/19 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.**

*Kelly Wolfe* Required Signature/Incorporator 3/28/19 Date