

PR000027663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

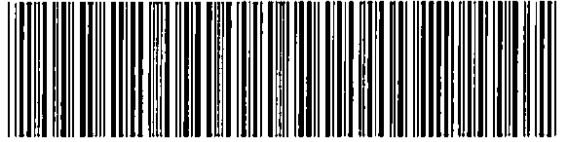
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200326957422

04/01/19--0133--0000 **70.00

FILED

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 ☐ \$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: 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 street address

Mailing address, if different is:

2435 US HWY 19

STE 280

HOLIDAY, FL 34691

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: KELLY WOLFE PRESIDENT

Name and Title:

Address 2435 US HWY 19

Address:

STE 280

HOLIDAY, FL 34691

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
19 MAR 29 PM 12:51
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: KELLY WOLFE
Address: 2435 US HWY 19 STE 250
HOLIDAY, FL 34691

ARTICLE VII INCORPORATOR

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

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

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

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/28/2019. (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

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