

P 19000050927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

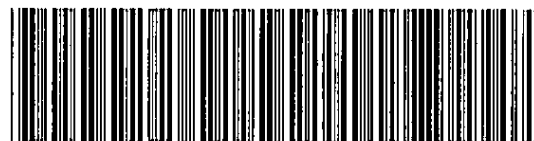
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400330200964

06/13/13--01006--007 **78.75

2013 JUN 13 AM 11:52
TOLSON/SECSTATE

JUN 26 2013

COVER LETTER

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

SUBJECT: GIL FERNANDEZ LMHC, 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: GILBERTO J. FERNANDEZ
Name (Printed or typed)
4216 SOUTH MANHATTAN AVENUE #207
Address
TAMPA, FL 33611
City, State & Zip
(786) 315-1512
Daytime Telephone number
GILFERNANDEZ56@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: GIL FERNANDEZ LMHC, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4216 SOUTH MANHATTAN AVE. #207

TAMPA, FL 33611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE MENTAL HEALTH COUNSELING AND THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GILBERTO J FERNANDEZ, LMHC

Name and Title: _____

Address: PRESIDENT

Address: _____

4216 S. MANHATTAN AVE #207

TAMPA, FL 33611

Name and Title: GILBERTO S. FERNANDEZ.

Name and Title: _____

Address: SECRETARY - TREASURER

Address: _____

11430 DRIFTING LEAF DRIVE

RIVERVIEW, FL 33579

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2019 JUL 15 AM 11:52
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: GILBERTO S. FERNANDEZ
Address: 11430 DRIFTING LEAF DRIVE
RIVERVIEW, FL 33579

ARTICLE VII INCORPORATOR

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

Name: GILBERTO J. FERNANDEZ
Address: 4216 SO. MANHATTAN AVE #207
TAMPA, FL 33611

ARTICLE VIII EFFECTIVE DATE:

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

Required Signature Registered Agent

05/27/2019

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.

Required Signature/Incorporator

GILBERTO J. FERNANDEZ

5/27/2019

Date