

P19000074236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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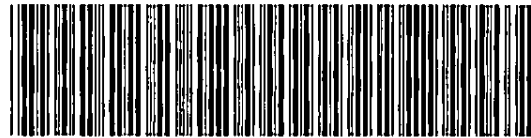
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2019

T. SCOTT

COVER LETTER

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

SUBJECT: INTERNATIONAL MULTI-SPECIALTY PHYSICIANS 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: GLOVETTA P. WILLIAMS

Name (Printed or typed)

12959 PALMS WEST DRIVE #110

Address

LOXAHATCHEE, FL 33470

City, State & Zip

561-793-6633

Daytime Telephone number

GLOVETTA@INTLMSPHYSICIANS.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: INTERNATIONAL MULTI-SPECIALTY PHYSICIANS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12959 PALMS WEST DRIVE #110

LOXAHATCHEE, FL 33470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAJENDRAN NAIDOO, P

Address: 12959 PALMS WEST DRIVE #110

LOXAHATCHEE, FL 33470

Name and Title: GLOVETTA P WILLIAMS, S

Address: 12959 PALMS WEST DRIVE, #110

LOXAHATCHEE, FL 33470

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2019 SEP 20 PM 12:48
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: RAJENDRAN NAIDOO
Address: 12959 PALMS WEST DRIVE, #110
LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLOVETTA P WILLIAMS
Address: 12959 PALMS WEST DRIVE #110
LOXAHATCHEE, FL 33470

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 9/19/19
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.

Required Signature Incorporator 9/19/19
Date