

P19000088076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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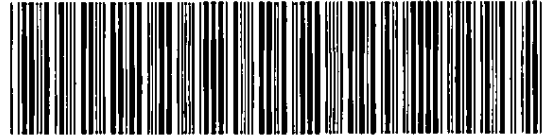
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2019 DEC -2 AM 11:30

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SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC -2 PM 12:33

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COVER LETTER

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

SUBJECT: INNOVATIVE TECHNOLOGIC Medical Group 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: LR Business Consulting & Investment Inc.
Name (Printed or typed)

3190 S. John Young Pkwy Suite - A
Address

Kissimmee, FL 34746
City, State & Zip

813-570-0673
Daytime Telephone number

lrbip/anyu@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: INNOVATIVE TECHNOLOGIC MEDICAL GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3190 S. John Young Pkwy
Suite A

Kissimmee, FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LR Business Consulting Name and Title: Kristal Roman - SC

Address: Powerment Inc. P. Address: 203 S. Clyde Ave
3190 S. John Young Pkwy Kissimmee, FL 34741
Suite A- Kissimmee, FL 34746

Name and Title: Charlene Colon VP Name and Title: _____

Address: 249 Citrus Pointe Address: _____
OR
HAWES CITY FL 33844

Name and Title: Wishberry Torres. T Name and Title: _____

Address: 3190 S. John Young Pkwy Address: _____
Suite A
Kissimmee, FL 34746

2018 DEC -2 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Angel Roman

Address: 203 S. Clyde Ave

Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LR Business Consulting & Investment Inc.

Address: 3150 S. Shrewsbury Pkwy

Kissimmee, FL 34746

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/02/09 (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

12/02/19
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

12/02/19
Date

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SEC. OF STATE
TALLAHASSEE, FL