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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EDDIE FERNANDEZ, PA
Account Number : I20190000058
Phone : (407)574-5009
Fax Number : (407)574-5953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: juangarcia@orlando-familymedical.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
OFM KISSIMMEE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 DEC -3 PM 2:15

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: OFM KISSIMMEE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

931 W. Oak St.

Ste. 103

Kissimmee, FL 34741

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: Delaray S. Garcia, DPS

Name and Title: Juan J. Garcia, VP

Address 931 W. Oak St.

Address: 931 W. Oak St.

Ste. 103

Ste. 103

Kissimmee, FL 34741

Kissimmee, FL 34741

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Juan J. Garcia

Address: 931 W. Oak St., Ste. 103

Kissimmee, FL 34741

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Juan J. Garcia

Address: 931 W. Oak St., Ste. 103

Kissimmee, FL 34741

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

11/26/19
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

11/26/19
Date