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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@orlandotamilmmedical.com

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19 DEC -3 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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Page Count	02
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Help

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

**ARTICLE I NAME**

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

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

900 Towne Center Drive

Kissimmee, FL 34759

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

Address 931 W. Oak St.

Ste. 103

Kissimmee, FL 34741

Name and Title: Juan J. Garcia, VP

Address: 931 W. Oak St.

Ste. 103

Kissimmee, FL 34741

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Juan J. Garcia  
Address: 931 W. Oak St., Ste. 103  
Kissimmee, FL 34741

**ARTICLE VII INCORPORATOR**

The 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