

P20000009665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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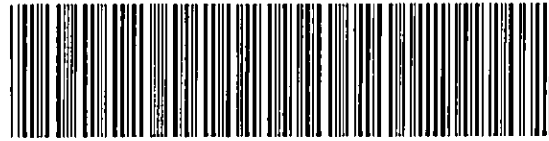
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -1, AM 2:37
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TALLAHASSEE, FLORIDA

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Brumbley



Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Ameerah Adejola

Requester:

COVER LETTER

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

SUBJECT: Primary Medical Care Center of Pompano Beach, 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: Prinston Jean Glaude
 Name (Printed or typed)
2412 N State Road 7
 Address
Lauderdale Lakes, FL 33313
 City, State & Zip
(954) 289-0000
 Daytime Telephone number
info@myprimacymed.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: Primary Medical Care Center of Pompano Beach, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2412 N State Road 7
Lauderdale Lakes, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful
business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Prinston Jean Glaude

Name and Title: Edwige Jean Glaude

Address: 2412 N State Road 7
Lauderdale Lakes, FL 33313
President

Address: 2412 N State Road 7
Lauderdale Lakes, FL 33313
Vice President

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
DADE COUNTY, 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: Prinston Jean Glaude
Address: 2412 N State Road 7
Lauderdale Lakes, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Prinston Jean Glaude
Address: 2412 N State Road 7
Lauderdale Lakes, FL 33313

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/28/2020 (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

Prinston Jean Glaude
Required Signature/Registered Agent

1/28/2020
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.

Prinston Jean Glaude
Required Signature/Incorporator

1/28/2020
Date