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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

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TALLAHASSEE FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CINDY MD CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: CINDY MD CORP
(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: CINDY C. MANON
Name (Printed or typed)

6757 N KENDALL DRIVE STE C309
Address

MIAMI FL 33156
City, State & Zip

(786) 403-1279
Daytime Telephone number

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: CINDY MD CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
6757 N KENDALL DRIVE STE C309	6757 N KENDALL DRIVE STE C309
MIAMI FL 33156	MIAMI FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CINDY C MANON - DIRECTOR

Address: 6757 N KENDALL DRIVE STE C309
MIAMI FL 33156

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: CINDY C MANON

Address: 6757 N KENDALL DRIVE STE C309

MIAMI FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CINDY C MANON

Address: 6757 N KENDALL DRIVE STE C309

MIAMI FL 33156

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.

Cindy C Manon 05/05/2020

Required Signature/Registered Agent 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.

Cindy C Manon 05/05/2020

Required Signature/Incorporator Date