

P20000049407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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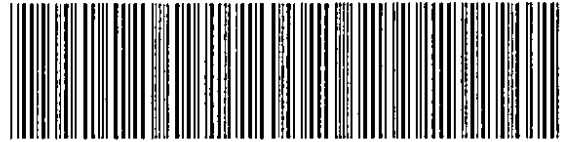
(Business Entity Name)

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Department of State
Division of Corporations

Stealth Courier LLC
1531 Commonwealth Business Dr.
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Company: Primary Medical Care Center 6 Inc.

Requester: Advance Insight

COVER LETTER

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

SUBJECT: Primary Medical Care Center VI, 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)
11500 NW 7th Avenue
 Address
Miami, FL 33168
 City, State & Zip
(305) 345-1369
 Daytime Telephone number
princeton@primary-med.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 VI, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

11500 NW 7th Avenue
Miami, FL 33168

Mailing address, if different is:

11500 NW 7th Avenue
Miami, FL 33168

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: _____

Address: 11500 NW 7th Avenue Address: _____

Miami, FL 33168

President

Name and Title: Edwige Jean Glaude Name and Title: _____

Address: 11500 NW 7th Avenue Address: _____

Vice President

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: 11500 NW 7th Avenue
Miami, FL 33168

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TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Prinston Jean Glaude
Address: 11500 NW 7th Avenue
Miami, FL 33168

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/6/2020 (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 J. Glaude
Required Signature/Registered Agent

7/6/2020
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 J. Glaude
Required Signature/Incorporator

7/6/2020
Date