

PAO 00049411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

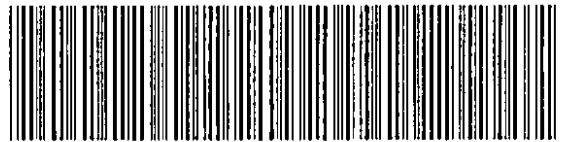
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Department of State
Division of Corporations

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Company: Primary Medical Care Center ⁵6 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 IV, 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@primargmed.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 IV, 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
Miami, FL 33168
President

Address:

Name and Title:

Edwige Jean Glaude

Name and Title:

Address

11500 NW 7th Avenue
Vice President

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT
MIAMI, FL

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

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