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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

****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
Family Walk-in Clinic Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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: Family Walk-in Clinic Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

926 Saxson Blvd.

Orange City, FL 32763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical center

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Weiss, President

Name and Title:

Address

926 Saxson Blvd.

Address:

Orange City, FL 32763

Name and Title: Benjamin Weiss, Director

Name and Title:

Address

926 Saxson Blvd.

Address:

Orange City, FL 32763

Name and Title:

Name and Title:

Address

Address:

20 SEP -3 AM 11:10
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BENJAMIN WEISS
Address: 926 Saxson Blvd.
Orange City, FL 32763

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Benjamin Weiss
Address: 926 Saxson Blvd.
Orange City, FL 32763

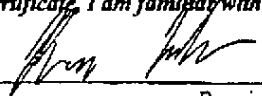
ARTICLE VIII EFFECTIVE DATE:

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

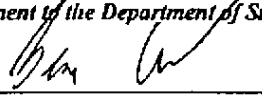


Required Signature/Registered Agent

9-2-20

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

9-2-20

Date