

P21 000028148

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000106686 3)))



H210001066863ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

2021 MAR 16 PM 2:45
FILED
DEPT OF STATE
CORPORATION DIVISION

****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
GEAGEA HEALTHCARE SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

3/16
3-30-21

COVER LETTER

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

SUBJECT: GEAGEA HEALTHCARE SERVICES, 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: RALPH PADRON

Name (Printed or typed)

2095 W 76TH ST - SUITE 102

Address

HIALEAH, FL 33016

City, State & Zip

305-818-0404

Daytime Telephone number

ralph@ralphpadron.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
2021 MAR 16 PM 2:45
DEPT OF STATE
SECRETARIAT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

GEAGEA HEALTHCARE SERVICES, CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
13240 N CLEVELAND AVE

Mailing address, if different is: _____

UNIT # 5

NORTH FORT MYERS, FL 33903

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTUANETH GEAGEA LOPEZ - PSTD

Name and Title: _____

Address 13240 N CLEVELAND AVE

Address: _____

UNIT # 5

NORTH FORT MYERS, FL 33903

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2021 MAR 16 PM 2:45
CLERK OF DISTRICT COURT
NORTH FORT MYERS, FL 33903

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: PADRON & ASSOCIATES, INC.
Address: 2095 W 76TH ST - STE 102
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANTUANETH GEAGEA LOPEZ
Address: 13240 N CLEVELAND AVE - UNIT # 5
NORTH FORT MYERS, FL 33903

FILED
2021 MAR 16 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 business days prior or 90 business 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

03/16/2021
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

03/16/2021
Date