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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 : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

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

Email Address:

Office @ gulati law . com

FLORIDA PROFIT/NON PROFIT CORPORATION
TUANIS MD, INC.

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

COVER LETTER

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

SUBJECT: TUANIS MD, 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: Gulati Law, P.L.

Name (Printed or typed)

479 Montgomery Place

Address

Altamonte Springs, Florida 32714

City, State & Zip

407-900-5054

Daytime Telephone number

Office@gulatilaw.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: Tuanis MD, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address
1805 S.E. Lake Weir Avenue, Suite 3

Mailing address, if different is:

Ocala, Florida 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Julie Ramos - President

Name and Title:

Address 1805 S.E. Lake Weir Avenue, Suite 3
Ocala, Florida 34471

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Gulati Law, P.L.
Address: 479 Montgomery Place
Altamonte Springs, Florida 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gulati Law, P.L.
Address: 479 Montgomey Place
Altamonte Springs, Florida 32714

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

S. Gulati

Required Signature/Registered Agent

12/14/2022

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.

Julie J Ramos

Required Signature/Incorporator

12/14/2022

Date