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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
4/13/12

## COVER LETTER

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

SUBJECT: U.S. Public Rural Health Services, Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Felix Angel Garcia-Loredo  
Name (Printed or typed)

1399 West 76th. Street  
Address

Hialeah, Florida. 33014  
City, State & Zip

786 444-6224  
1750 Phone/Telex/Internet Number

dr.fgarcialoredo@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2012

FELIX ANGEL GARCIA-LOREDO  
1399 WEST 76TH STREET  
HIALEAH, FL 33014 (RETURN ADDRESS)

SUBJECT: U. S. PUBLIC RURAL HEALTH SERVICES, CORP.  
Ref. Number: W12000013528

We have received your document for U. S. PUBLIC RURAL HEALTH SERVICES, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The font is too small for the information listed in Article IV.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00008856

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**FILED**  
12 APR 13 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

**U.S. PUBLIC RURAL HEALTH SERVICES, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
17501 North West 47th. Court  
Miami Gardens, Florida. 33055

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

U.S. Public Rural Health Services, Corp. is organized to eliminate and eradicate the health care deficit in rural Florida. Our goal by providing comprehensive medical, dental, mental, including laboratory services and diagnostic/radiological services. Pharmacy and D.M.E. shall be delivered too. To minimized distances to seek health care Medical Transportation and additional Health Care Facilities, promoting Preventive Medical & Dental Education. It is our ultimate goal that every floridian shall have full and ease access to professional health care.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Officers & Directors shall be elected or appointed as described on the By-Laws, these elections are every four years, for the position and title solely, in the event of early termination this shall be done in writing by their pers.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ARMANDO ALEJANDRO LEYVA  
Address: President / P.C. Ing.  
6200 Shenandoah Way  
Orlando, Florida. 32807

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: ARODIS MARZO  
Address: Vice-President / Administrator  
3109 North West 133rd. Street  
Opa-Locka, Florida. 33054

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: ENRIQUE E. VESA  
Address: T easurer / Comptroller  
15001 South West 141st. Terrace  
Miami, Florida. 33196

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Arodis Marzo  
Address: 17501 North West 47th. Court  
Miami Gardens, Florida. 33055


**FILED**  
12 APR 13 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Felix Angel Garcia-Loredo  
Address: 1399 West 76th. Street  
Hialeah, Florida. 33014

*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*

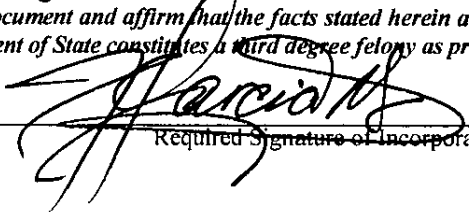


Required Signature of Registered Agent

March 3, 2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

March 3, 2012

Date