24000023623

(Re	equestor's Name)		
(Ac	ldress)		
(Ad	ldress)		
(Ĉi	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
		į	

Office Use Only



600027608786

01/29/04--01069--006 **70.00

O4 JAN 29 PH 4: 15

4~ 6

TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions	••		22
Tananassee, FL 323		– .		· · -
SUBJECT: MIAN	MI URGENT CARE,P.A. (PROPOSED CORPORAT)	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the articl	es of incorporation and	a check for:	ī
2 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	,
FROM: H	ARRIS MONES			
I KOWI.	Name (F	rinted or typed)		
	3 GROVE ISLE DR. #1110		<u> </u>	<u>ਛਾ</u> :
	Ac	ldress		
	COCONUT GROVE,FL. 331	33		
•	City, S	tate & Zip		- ~ ·
	305-448-8134			
•	Daytime Tel	ephone number	<u> </u>	• •

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

In compliance w	ith Chapter 607 and/or C	hapter 621, F.S.	(Profit)		
ARTICLE I	NAME	. > 400		and the contract of the contract of	
The name of the	corporation shall be:				
MIAMI URGENT	CARE,P.A.				
					SEC SEC
ARTICLE II	PRINCIPAL OFFI	ce.			題复用
	ce of business/mailing add				2 F
	OR. #1110,COCONUT GRO				学 9 河
	71. 11 11 10,000 0110 1 0110	3 V L,1 L 00 100			四年 足口
ARTICLE III	PURPOSE				JAN 29 PM 4 15 LANASSEE FLOFIDA
	which the corporation is	organized is:			Om on
RENDER MEDIC	_	Organized is.			3
NENDER MEDIC	AL SERVICE				
A DOMECU TO THE	CHARRO				
<i>ARTICLE IV</i> The number of sh	SHARES	general design of the second	المستواسمين الماما الماما	European Committee Committ	
100	iates of stock is.				
100	•				
ARTICLE V	INITIAL OFFICER	S AND/OR DI	RECTORS		
	dress(es) and specific titl				•
	, PRES.,3 GROVE ISLE D	• •	IUT CPÕVE EL 3	2422	
ARTICLE VI	REGISTERED ,				
The <u>name and F</u>	lorida street address of	the registered age	ent is:		
HARRIS MONES	3,3 GROVE ISLE DR. #111	0,COCONUT GR	OVE, FL. 33133		
ARTICLE VII	THE OPPORATOR	•			
	INCORPORATOR Idress of the Incorporator	· · · · · · · · · · · · · · · · · ·		- · · · · ·	
,	,3 GROVE ISLE DR. #111		OVE EL 22122		
TARRO MORES	,5 GROVE ISEE DIV. #11 I	o,coconor Gri	JVE, FL. 33133		

	as registered agent to accept iliar with and accept the appoi				
	•				
A111	10111			1.	
_W	De 20			1/24/0)
Signat	ure/Registered Agent	<u> </u>	ىرىيى ئىلىدىن) (/

ARTICLES OF INCORPORATION

Signature/Incorporator