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2010 AUG 24 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 25 2010

## COVER LETTER

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

**SUBJECT:** SILAH & MORET MEDICAL GROUP, 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:** EL DORAL BUSINESS SOLUTIONS, CORP  
Name (Printed or typed)

9737 NW 41 ST. # 340  
Address

MIAMI, FL. 33178  
City, State & Zip

395-508-0244  
Daytime Telephone number

LINCIARTE@ELDBS.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION OF  
SILAH & MORET MEDICAL GROUP, CORP.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporations Act do hereby adopt the following Articles of Incorporation:

**ARTICLE I  
NAME**

The name of the corporation is: **SILAH & MORET MEDICAL GROUP, CORP.**

**ARTICLE II  
OFFICES**

The principal place of business and mailing address of this corporation shall be

15330 SW 106 TERRACE, No. 923  
MIAMI, FL. 33196

The corporation may have such other offices, either within or without the State of Florida, as the board of directors may designate, or as the business corporation may require from time to time.

**ARTICLE III  
PURPOSE**

To engage in general services, including but not limited to:

1. - Export, Import, and Distribution of Professional medical equipment, instruments and supplies.
2. - To transact any other lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV  
CAPITALIZATION AND SHARES**

The number of shares which the corporation is authorized to issue is 10000 common shares at \$ 1.00 par value.

Prepared By:  
El Doral Business Solutions, Corp.  
9737 NW 41 St. # 340  
El Doral-Fl. 33178  
(305) 508-0244

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**ARTICLE V  
REGISTERED AGENT**

The name and address of the initial registered agent shall be:

**LUISA INCIARTE  
9737 NW 41 ST. No. 340  
El Doral, FL. 33018**

**ARTICLE VI  
DIRECTORS**

The numbers of directors constituting the initial Board of Directors are two (2). The name and address of each Principal is:

**FRANCK SILAH  
15330 SW 106 TERRACE No. 923  
MIAMI, FL. 33196**

**President FS**

**ALEXANDER MORET  
15330 SW 106 TERRACE No. 923  
MIAMI, FL. 33196**

**Vice President AM**

**ARTICLE VII  
INCORPORATES**

The name and address of each person signing these Articles of are

**PRESIDENT  
FRANCK SILAH  
15330 SW 106 TERRACE No. 923  
MIAMI, FL. 33196**

**VICE PRESIDENT  
ALEXANDER MORET  
15330 SW 106 TERRACE No. 923  
MIAMI FL. 33196**

The undersigned have executed these Articles of Incorporation this

19 day of August 2010

**Signature President**

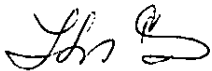
**Signature Vice President**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office / registered agent, in the State of Florida.

1. - The name of the corporation is **SILAH & MORET MEDICAL GROUP, CORP.**
2. - The name and address of the registered agent and office is:

**LUISA INCIARTE  
9737 NW 41 ST. No. 340  
EL DORAL, FL. 33178**



\_\_\_\_\_  
Signature, LI

Date: 08/19/2010

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



\_\_\_\_\_  
Signature, LI

Date: 08/19/2010

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