

A3000092479

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.

(((H13000251445 3)))



H130002514453ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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
BIARDA VILLAVERDE, MD, PA.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

13 NOV 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 13 PM 12:47

FILED

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: BIARDA VILLAVERDE, MD, PA.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19001 NE 2nd Ave #1401
MIAMI FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BIARDA VILLAVERDE Name and Title:
Address: 19001 NE 2nd AVE #1401 Address:
MIAMI FL 33179
PRESIDENT.

Name and Title: _____ Name and Title:
Address: _____ Address: _____

Name and Title: _____ Name and Title:
Address: _____ Address: _____

FILED
13 NOV 13 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H1300023 1445

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

FILED
 13 NOV 13 PM 12:47
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: BIARDA VILLAVERDE
 Address: 19001 NE 2nd AVE #1401
MIAMI FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BIARDA VILLAVERDE
 Address: 19001 NE 2nd AVE #1401
MIAMI FL 33179

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 I agree to act in this capacity

x *B. Villaverde* _____ Date 11/13/13
 Required Signature/Registered Agent

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.

x *B. Villaverde* _____ Date 11/13/13
 Required Signature/Incorporator

H1300023 1445