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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

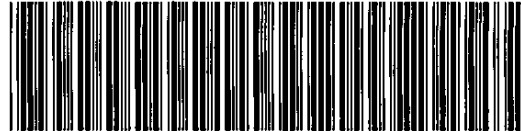
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DIVISION OF CORPORATIONS

2006 OCT 20 AM 9:58

TO ACKNOWLEDGE
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10/20/06

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CLINICA MUNDIAL DE LA FAMILIA, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2006

EXPRESS CORPORATE FILING SERVICE INC.
1000 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES, FL 33134

SUBJECT: CLINICA MUDIAL DE LA FAMILIA, INC.
Ref. Number: W06000046326

FILED
06 OCT 25 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
06 OCT 25 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CLINICA MUDIAL DE LA FAMILIA, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 106A00062843

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DIVISION OF CORPORATIONS
2006 OCT 25 AM 10:36
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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

ARTICLE I NAME

The name of the corporation shall be:

CLINICA MUNDIAL DE LA FAMILIA, INC.

ARTICLE II PRINCIPAL OFFICE

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

2742 SW 8 ST. STE: 203
MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS ORGANIZATION WILL PROVIDE HEALTH CARE ASSISTANCE FOR LOW INCOME FAMILIES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MINUTES AND BY-LAWS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

JORGE PEREZ (P/D)
GUILLERMO GARCIA (V/D)
2742 SW 8 ST. STE: 203
MIAMI, FL 33135

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JORGE PEREZ
2742 SW 8 ST. STE: 203
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JORGE PEREZ AND GUILLERMO GARCIA
2742 SW 8 ST. STE: 203
MIAMI, FL 33135

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.

Signature/Registered Agent

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-19-06

Date

10-19-06

Date