N13000009288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ✓ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900252719189

10/11/13--01031--001 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 11 PM 3:39

10/11/13

TRANSMITTAL LETTER

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

SUBJECT: CLÍNICA NOVA DE CIRUGÍA MAXILO FACIAL CA, INC
(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: ISABEL RODRIGUEZ
Name (Printed or typed)

4 KEY WEST CT
Address

WESTON, FL 33326
City, State & Zip

(954) 478-8677
Daytime Telephone number

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

FILED
SECRETARY OF STATE
CORPORATIONS
QUARTERS
13 OCT 11 PM 3:39

ARTICLES OF INCOPRORACTION
OF:
CLINICA NOVA DE CIRUGIA MAXILO FACIAL CA, INC.

The Undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I – NAME

The name of the Corporation Shall be:

CLINICA NOVA DE CIRUGIA MAXILO FACIAL CA, INC.

ARTICLE II – PRINCIPAL OFFICE

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

4 KEY WEST CT
WESTON, FL 33326

ARTICLE III – EFFECTIVE DATE

By the incorporator, the effective date is OCTOBER 08, 2013 or upon approval of the Secretary of The State, of Florida.

ARTICLE IV PURPOSE

The purpose for which the Corporation is formed and organized to engage in activity like Health Services, and Medical Equipment Export and Import or any business under the law of the State of Florida.

ARTICLE V – CAPITAL STOCK

V.1 The number of the Shares that this corporation is authorized to have outstanding at any time is:

One Thousand (1000) Shares, per (1) One dollar each.

V.2 All holders of shares of common stocks shall be identical divided with each other in every respect and the holders of the common shares shall be entitle to have unlimited voting

Rights on all shares and be entitle to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE VI – REGISTER AGENT AND ADDRESS

The initial address of the register office of this corporation and the name of the register Agent is:

Isabel M. Rodriguez
4 KEY WEST CT
WESTON, FL 33326

The Register officer, the register agent or the board of Directors may change with Appropriated notice being given to the Secretary of the State in accordance with the Law.

ARTICLE VII – INCORPORATORS(S) OFFICER AND DIRECTORS

The officer of the Corporation should be:
The said name of incorporator(s) and initial board of Directors shall be:

Orlando R. Reyes
4 KEY WEST CT
WESTON, FL 33326

Isabel M Rodriguez
4 KEY WEST CT
WESTON, FL 33326

The undersigned has(have) executed these articles of incorporation this 08th Day of October 2013.

Isabel M. Rodriguez
President

Orlando R. Reyes
Secretary

ARTICLE VIII – SUB – CHARPTER (S) CORPORATION

The corporation may elect to be an S Corporation, as provided is Sub-Chapter S of the Internal Revenue code of 1986, as amended.

The shareholders of the Corporation may elect and if elected, shall continue such election to be and S Corporation as provided in Chapter S of the Internal Revenue Code of 1986 as amended, unless the Shareholders of the Corporation unanimously agree otherwise in writing.

ARTICLE IX – POWER OF CORPORATION

The Corporation shall have the same power as an individual to do all the things necessary to carry out its business and affairs, subjects to limitation or restriction imposed by law or these Articles of incorporation.

ARTICLE X AMENDEDNTS

This Corporation reserves the right to amend, alter, change or repeal any provision contained in these Article of incorporation herein in the manner now or hereafter prescribed by law and By the provisions of any applicable statue of the State of Florida and all rights conferred on stockholders herein are granted subject to this reservation.

In WITNESS WHEREOF, THE UNDERSIGNED HAS HEREUNTO SET HANDS AND SEAL AT MIAMI-DADE County, Florida State this 08th Day of October 2013.

Isabel M. Rodriguez

CERTIFICATE OF DESIGNATION
REGISTER AGENT
REGISTER OFFICE

Pursuant to the provisions of section 604-501, Florida Status the undersigned Corporation, Organized under the laws of the State of Florida, submits the following statement in designating the register officer/register agent, in the State of Florida.

1. **The Name of the Corporation**

   CLINICA NOVA DE CIRUGIA MAXILO FACIAL CA, INC..

2. **The name and address of the Register Agent and office is:**

   Isabel M Rodriguez
   4 KEY WEST CT
   WESTON, FL 33326

I Hereby familiar with and accept the obligation, duties, responsibilities and agree to act in this capacity as Register Agent.

SIGNATURE: _____

DATE: 10/08/2013