

N14000010489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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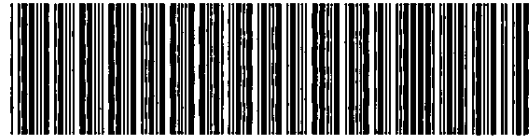
(Business Entity Name)

(Document Number)

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14 NOV 10 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: HCV - HIV Research Group, 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: Antolin J. Perez, MD  
Name (Printed or typed)

6937 Basy Drive Suite 306  
Address

Miami Beach Florida 33141  
City, State & Zip

786 448 3774  
Daytime Telephone number

Tony@LRevian.com  
E-mail address: (to be used for future annual report notification)

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

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

APPROVED  
AND  
FILED

**ARTICLE I    NAME**

The name of the corporation shall be: HCV - HIV Research Group, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
6937 Bay Drive, Suite 306

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Miami Beach Florida 33141

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: The purpose of the group is to made physicians aware of the need to treat patients with HIV and Hepatitis C, or patients with Hepatitis C alone.

There are 3.2 million known patients with HCV in United Stated, and 170 million worldwide. HCV patients after 15 years of infestation 25% of them degenerated into Atrophy, Cirrhosis or Cancer of the Liver. Liver Diseases are the main cause of death in HIV patients since 2007

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

Volunteer election

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Antolin J. Perez, MD Name and Title: \_\_\_\_\_

Address President Address: \_\_\_\_\_  
6937 Bay Dr. Suite 306  
Miami Beach FL 33141

Name and Title: Suzanne Perez Name and Title: \_\_\_\_\_

Address Secretary Address: \_\_\_\_\_  
6937 Bay Dr, Suite 306  
Miami Beach FI 33141

Name and Title: Julio Tomeu Name and Title: \_\_\_\_\_

Address Treasurer Address: \_\_\_\_\_  
1430 Cleveland Road  
Miami Beach FI 33141

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_ 14 NOV 10 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Antolin J. Perez, MD  
Address: 6937 Bay Drive Ste 306  
Miami Beach Fl 33141

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Antolin J. Perez, MD  
Address: 6937 Bay Drive Ste 306  
Miami Beach Fl 33141

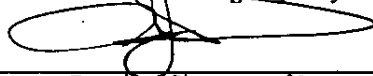
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

11-06-2014

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

11-06-2014

\_\_\_\_\_  
Date