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LOCAL REPRESENTATIVE TALLAHASSEE

300002815353-1
-03/23/99-01061-005
*****78.75 *****78.75

OFFICE USE ONLY

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

1. LATIN AMERICAN UNLICENSED PHYSICIANS
(Corporation Name) (Document #)

2. ASSOCIATION, INC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
99 MAR 23 PM 1:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input 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

3/23
DIVISION OF CORPORATION
99 MAR 23 PM 1:40

Examiner's Initials

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99 MAR 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR

LATIN AMERICAN UNLICENSED PHYSICIANS ASSOCIATION, INC.
(A CORPORATION NOT-FOR-PROFIT)

The undersigned, acting as incorporators of a corporation pursuant to chapter 617, Florida Statutes, adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation shall be: LATIN AMERICAN UNLICENSED PHYSICIANS ASSOCIATION, INC.

ARTICLE II: PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be: 1315 W 72 St. Hialeah, FL 33014.

ARTICLE III: PURPOSE

The specific purpose for which the corporation is organized is to help unlicensed physicians in getting their medical licenses in the United States, so they can serve the community while following their professional calling.

ARTICLE IV: MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows: by election among the members of the Board of Directors. The Board of Directors shall consist of not less than three (3) directors at any time.

ARTICLE V: LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows: no limitation.

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is: Dr. Alberto F. Fibla 1315 W. 72 St. Hialeah, FL 33014.

ARTICLE VII: TERM

The term of the corporation is perpetual or until the directors approve its dissolution. At that time any remaining assets, including cash on hand and/or in bank will be transferred to any governmental entity or 501(c)(3) corporation.


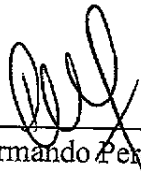
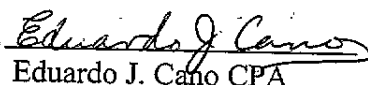
ARTICLE VIII: INCORPORATORS

The names and street addresses of the incorporator for these Articles of Incorporation are:

<u>NAME</u>	<u>ADDRESS</u>
Dr. Alberto F. Fibla	1315 W 72 St. Hialeah, FL 33014
Dr. Armando Perez	199 SW 12 Ave. apt. 518 Miami, FL 33130
Eduardo J. Cano CPA	711 E. 12 Pl. Hialeah, FL 33010

The undersigned incorporators have executed these Articles of Incorporation this 17th day of March 1999.

Signatures of the incorporators:

		
Dr. Alberto F. Fibla	Dr. Armando Perez	Eduardo J. Cano CPA

CERTIFICATE OF DESIGNATION

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is: LATIN AMERICAN UNLICENSED PHYSICIANS ASSOCIATION, INC.

2. The name and address of the registered agent and office is:

<u>NAME</u>	<u>ADDRESS</u>
Dr. Alberto F. Fibla	1315 W. 72 St. Hialeah, FL 33014

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS 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: _____

Date: 03/17/99

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