

PD0000000966

Requester's Name

Address

MARIA C. Ponce  
501 SW 79 CT  
MIAMI FL. 33144

Office Use Only

NUMBER(S), (if known):

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-12/28/99--01004--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
99 DEC 27 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

M. D. CHARTER Inc.

## ARTICLE II PRINCIPAL OFFICE

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

501 SW 79 CT. MIAMI, FL

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares AT \$1.00 each.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA C. Ponce  
501 SW 79 CT  
MIAMI FL. 33144

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:~~

N/A.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

MARIA C. Ponce  
501 SW 79 CT  
MIAMI FL. 33144  
305-262-9050

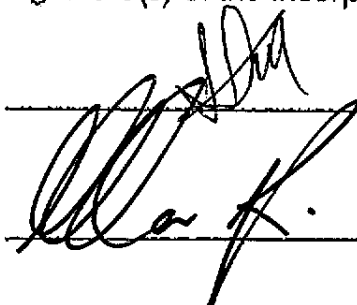
ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

President. Daniel Garcia . 501 SW 79 CT Miami FL. 33144  
Vice Pres. MARIA C. Ponce 501 SW 79 CT Miami FL. 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
17 day of December, 19 99

Signature(s) of the Incorporator(s)

  
\_\_\_\_\_

Daniel Garcia  
\_\_\_\_\_  
Typed name of Incorporator signing

MARIA C. Ponce  
\_\_\_\_\_  
Typed name of Incorporator signing

\_\_\_\_\_  
Typed name of Incorporator signing

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: M.D. CHARTER INC.
2. The name and address of the registered agent and office is:  
MARIA C. POUCE  
(NAME)  
501 SW 79 CT.  
(P.O. BOX NOT ACCEPTABLE)  
MIAMI FL. 33144  
(CITY/STATE/ZIP)

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.

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

THE FOREGOING \_\_\_\_\_

SIGNATURE X 

WAS ACKNOWLEDGED BEFORE ME

BY: \_\_\_\_\_

DATE 12-22-99

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

☐ Personally Known ☐ I.D. Shown

REGISTERED AGENT FILING FEE: \$35.00

FILED  
99 DEC 27 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA