

OFFICE USE ONLY (Document #)

HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. MARIO R. AVELLO, M.D., P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(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

RECEIVED  
00 MAR -7 AM 11:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
00 MAR -7 AM 8:27  
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

100003160391--2  
-03/07/00-01063-005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**

Mario R. Avello, M.D., P.A.

PURPOSE MEDICAL PRACTICE

**FILED**  
00 MAR -7 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**

The name of the corporation shall be:

Mario R. Avello, M.D., P.A.

**ARTICLE II**

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

363 Aragon, Apt. 413  
Coral Gables, FL. 33134

**ARTICLE III**

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

500 shares (five hundred) @  
\$ 1.00 (one dollar)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Mario R. Avello  
363 Aragon, Apt. 413  
Coral Gables, FL 33134

**ARTICLE V INCORPORATOR (S)**

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

Mario R. Avello, President  
363 Aragon, Apt. 413  
Coral Gables, FL 33134

The undersigned has(have) executed these Articles of Incorporation this day 2<sup>nd</sup> day  
as of March, 2000.

Mario R. Avello MD - Pres.  
Signature / Title

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 621, Florida Statute, 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: Mario R. Avello, M.D., P.A.
2. The name and address of the registered agent and office is:

Mario R. Avello  
363 Aragon, Apt. 413  
Coral Gables, FL 33134

Signature Mario R. Avello  
Title Pres  
Date 3/6/00

FILED  
00 MAR -7 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature Mario R. Avello  
Date 3/6/00