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

1. FRANCISCO M. PEREZ-CLAVIJO, DPM, P.A.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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<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 checked="" type="checkbox"/>	Foreign
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<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
RECEIVED
01 JAN 31 AM 10:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
OFFICE - 1 PH 2:15 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PA WO

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 31, 2001

LAZARUS

MIAMI, FL

SUBJECT: FRANCISCO M. PEREZ-CLAVIJO, DPM, P.A.
Ref. Number: W01000002342

We have received your document for FRANCISCO M. PEREZ-CLAVIJO, DPM, P.A.. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 601A00005825

RECEIVED
01 FEB - 1 AM 10:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

Francisco M. Perez-Clavijo, DPM, P.A.

FILED
01 FEB - 1 PM 2:15
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: **Francisco M. Perez-Clavijo, DPM, P.A.**

ARTICLE II

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

**3804 N.W. 167th Street
Opa-Locka, Florida 33054**

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:

**Raimundo Lopez-Lima Levi
815 N.W. 57th Avenue, Suite 125
Miami, FL 33126-2042**

ARTICLE V INCORPORATOR (S)

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

**Francisco M. Perez-Clavijo, DPM, P.A.
3804 N.W. 167th Street
Opa-Locka, Florida 33054**

ARTICLE VI PURPOSE

The specific nature of business is in: **PODIATRIC MEDICAL PRACTICE**

The undersigned has(have) executed these Articles of Incorporation this 30th day of January, 2000.

Francisco Perez-Clavijo, President
Signature / Title

Francisco Perez-Clavijo, President
Signature / Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: **Francisco M. Perez-Clavijo, DPM, P.A.**

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

**Raimundo Lopez-Lima Levi
815 N.W. 57th Avenue, Suite 125
Miami, Florida 33126**

Signature _____

Title _____

Date _____

1/31/01

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01 FEB - 1 PM 2:16
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 _____

Date _____

1/31/01

FILED
01 FEB - 1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA