

P020000062233

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN -5 PM 2:34

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

100005621381--1
-05/28/02--D1053--013
*****78.75 *****78.75

SUBJECT: Carine M. Porfiri, M.D., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Carine M. Porfiri
Name (Printed or typed)

1050 N.W. 4th St
Address

Boca Raton, FL 33486
City, State & Zip

561-338-6111 or 561-716-7603
Daytime Telephone number

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

js
W-15486



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 29, 2002

CARINE M PORFIRI
1050 NW 4TH ST
BOCA RATON, FL 33486

SUBJECT: CARINE M. PORFIRI, M.D., P.A.
Ref. Number: W02000015486

We have received your document for CARINE M. PORFIRI, M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6915.

Janice Love-Washington
Document Specialist
New Filing Section

Letter Number: 402A00034547

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Carino M. Porfiri, M.D., P.A.

02 JUN -5 PM 2:34

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

22085 State Road 7
Boca Raton, FL 33488

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Primary Care Medicine
a.k.a. Family Practice

ARTICLE IV SHARES

The number of shares of stock is:

Zero One hundred = 100
(0) 000000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

Carino M. Porfiri M.D.
1050 N.W. 4th St
Boca Raton, FL 33488

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carino M. Porfiri M.D.
1050 N.W. 4th St
Boca Raton, FL 33488

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

Carino M. Porfiri M.D.
Signature/Registered Agent Carino M. Porfiri

05/23/02
Date

Carino M. Porfiri M.D.
Signature/Incorporator Carino M. Porfiri

05/23/02
Date