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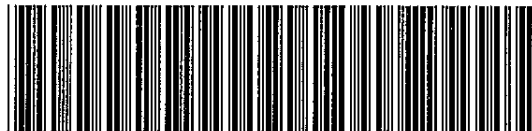
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 14

PM 12:47

DIVISION OF REGISTRATION

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. FLOR MARIN M.D., P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)



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Photocopy



Certificate of Status

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

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

FLOR MARIN M.D., P.A.

ARTICLE I – NAME

The name of this corporation is Flor Marin M.D., P.A. The principal address of this corporation is 5772 NW 99 Court, Miami Fl. 33178.

ARTICLE II – DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE III – PURPOSE

This corporation is organized for the purpose of transacting any or all-lawful administration of sedation or anesthesia to patients undergoing surgery and / or medical procedures.

ARTICLE IV – CAPITAL STOCK

This corporation is authorized to issue 100 Shares of \$1.00 par value common stock which shall be designated "Common Shares".

ARTICLE V – PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI – INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is \_\_\_\_\_

5772 NW 99 Court, Miami Fl. 33178

and the name of the initial registered agent of this corporation at that address is

Flor Marin, M.D.

ARTICLE VII – INITIAL BOARD OF DIRECTORS

This corporation shall have(1) Director (s) constituting the initial Board of Directors.

The number of Directors may be either increased or decreased from time to time by the

By Laws. The name (s) and address (es) of the initial Board of Directors of this

corporation are:

NAME

ADDRESS

Flor Marin, M.D.

5772 NW 99 Court

Miami Fl. 33178

ARTICLE VIII – INCORPORATORS

The names and address of each person signing these Articles are:

NAME

ADDRESS

Flor Marin, M.D.

5772 NW 99 Court

Miami Fl. 33178

ARTICLE IX – INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X – AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 11<sup>th</sup> day of November, 2002.

Fior Marin  
Subscriber:

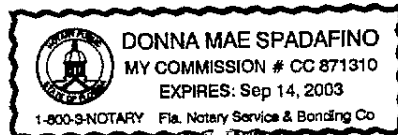
STATE OF FLORIDA  
COUNTY OF BROWARD

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Fior Marin know to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 11<sup>th</sup> day of November, 2002.

Donna Mae Spadafino  
Notary Public, State of Florida At Large

My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTE, THE FOLLOWING IS SUBMITTED:

FIRST THAT Flor Marin M.D., P. A.  
(Name of Corporation)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF  
FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF

Miami, STATE OF Florida, HAS NAMED

Flor Marin M.D., P.A.  
(Name of Resident Agent)

LOCATED AT 5772 NW 99 Court  
(Street Address and Number of Building, Post Office Box Addresses  
are not Acceptable)

CITY OF Miami, STATE OF FLORIDA, AS ITS AGENT  
(City)

TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Flor Marin  
Signature (Corporate Officer)

President  
Title

11/11/02  
Date

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATE  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY  
DUTIES.

Flor Marin  
Signature (Resident Agent)

11/11/02  
Date

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TALLAHASSEE, FLORIDA