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(Requestor's Name)

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(Address)

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(Business Entity Name)

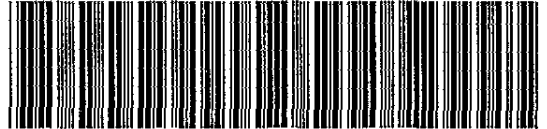
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03 JUN 19 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# TRANSMITTAL LETTER

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

Subject: Liliana Villafane, MD, PA  
(Proposed corporate name - must include suffix)

Enclosed is an original and one ( 1 ) copy of the articles of incorporation and a check for:

( ) \$35.00 ( ) \$ 43.75 ( ) \$70.00 ( X ) \$78.75

From:

Ms. Liliana Villafane

Name

15460 NW 83rd Place

Address

Miami Lakes, FL 33016

City, State & Zip

( 305 ) 826-1704

Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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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 NAME**

The Name of the corporation shall be:

Liliana Villafane, MD, PA

## **ARTICLE II PRINCIPAL OFFICE**

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

15460 NW 83rd Place  
Miami Lakes, FL 33016

## **ARTICLE III SHARES**

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

1,000 shares of common

## **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Ms. Liliana Villafane  
15460 NW 83rd Place  
Miami Lakes, FL 33016


**ARTICLE V INCORPORATOR (S)**

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

Ms. Liliana Villafane  
15460 NW 83rd Place  
Miami Lakes, FL 33016

The undersigned incorporator ( s) has ( have) executed these Articles of Incorporation this

Thirtieth ( 13th) day of March, 2003.

x  \_\_\_\_\_  
signature

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature

**Article of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Liliana Villafane, MD, PA

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

Ms. Liliana Villafane  
( Name)

15460 NW 83rd Place  
( P.O. Box not acceptable)

Miami Lakes, FL 33016  
( City/State/Zip)

*Having been named as registered agent and to accept service of process for the above state 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.*

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TALLAHASSEE FLORIDA

x \_\_\_\_\_  
( Signature)