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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL -7 AM 10:21

TRANSMITTAL LETTER

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

SUBJECT: LIS MEDICAL SERVICES OF SOUTH FL, INC.
(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: JORGE MESA
Name (Printed or typed)

9854 SW 222 TER
Address

MIAMI, FL 33190
City, State & Zip

305-216-9977
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LIS MEDICAL SERVICES OF SOUTH FL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9854 SW 222 TER
MIAMI, FL 33190

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING

ARTICLE IV SHARES

The number of shares of stock is:

100

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:

JORGE MESA
9854 SW 222 TER
MIAMI, FL 33190

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JORGE MESA
9854 SW 222 TER
MIAMI, FL 33190

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

Jorge M
Signature/Registered Agent

07/02/03

Date

Jorge M
Signature/Incorporator

07/02/03

Date

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