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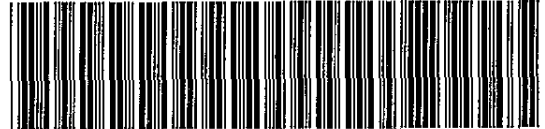
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/30/03--01011--018 \*\*78.75

RECEIVED  
03 JUL 30 AM 11:34  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
03 JUL 30 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

7/30

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. ALONSO MEDICAL SERVICES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ 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

Owner's Initials

FILED

**ARTICLES OF INCORPORATION**

03 JUL 30 PM 1:05

**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.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

**The name of the corporation shall be:** *Alonso Medical Services, Inc*

**ARTICLE II - PRINCIPAL OFFICE**

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

*6940 NW 179 St apt. 401  
Miami, FL 33015.*

**ARTICLE III - SHARES**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:** *100*

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

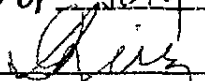
*Ivon Alonso  
6940 NW 179 St #401  
Miami, FL 33015*

**ARTICLE V - INCORPORATOR**

**The name and street address of the incorporator to these Articles of Incorporation is:**

Ivon Alonso  
6940 NW 179 St apt. 401  
Miami, FL 33015.

**The undersigned incorporator has executed these Articles of Incorporation this 29 day of July 2003**

  
\_\_\_\_\_  
Signature

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03 JUL 30 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**ARTICLE VI- DIRECTOR(S)**

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

Ivon Alonso President.  
6940 NW 179 St apt. 401  
Miami, FL 33015.

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE**

**Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.**

  
\_\_\_\_\_  
Registered Agent Signature