

PD30000 89254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

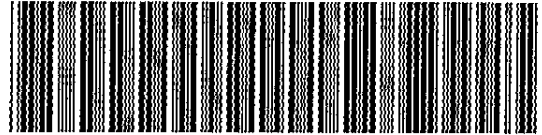
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-14-03
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: ABBA MEDICAL CENTER, 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:

Tax Defense Center
Name (Printed or typed)

2350 W 84th ST #20
Address

Mialeah, FL 33016
City, State & Zip

305-825-2500
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
ABBA MEDICAL CENTER, INC.**

We, the undersigned, all of whom are of legal age, do hereby
associate ourselves for the purpose of becoming a corporation under the
laws of the State of Florida authorizing the formation of corporations.

ARTICLE I

The name of this corporation shall be:

ABBA MEDICAL CENTER, INC.

ARTICLE II

The purpose is to engage in any activities of business permitted
under the laws of the United States and the State of Florida.

ARTICLE III

It shall have authority to issue 100 shares of stock, all of one
class, with \$ 1.00 par value.

ARTICLE IV

The corporation shall begin with \$ 100.00 capital.

ARTICLE V

The period of its duration is perpetual.

ARTICLE VI

The address of its principal office is:

2350 W 84TH Street #19
Hialeah, FL 33016

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TALLAHASSEE, FLORIDA

ARTICLE V11

The number of directors constituting its initial Board of Directors is (2) whose name(s) and address(es) is (are):

B uriJ Muchnik
2350 W 84th Street
Hialeah, FL 33016
President & Treasurer

Hilda M. De La Pedraja
2350 W 84th Street
Hialeah, FL 33016
Vice President & Secritary

ARTICLE V111

The name and address of the subscriber is:

Elysabet Montanez
2350 W 84th Street #20
Hialeah, FL 33016

ARTICLE IX

The registered agent and registered office for the corporation shall be:

TAX DEFENSE CENTER, INC.
2350 W 84th Street #20
Hialeah, FL 33016

ARTICLE X

Shareholders shall be entitled to preemptive rights.


Elysabet Montanez

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST THAT **ABBA MEDICAL CENTER, INC.** OR QUALIFY UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF
BUSINESS AT THE CITY OF **HALEAH**,
STATE OF FLORIDA HAS NAMED **TAX DEFENSE CENTER, INC.** AS ITS
AGENTS TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature: 
Elysabet Montanez

Title: INCORPORATOR

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED 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 AND COMPLETE PERFORMANCE OF MY
DUTIES.

Signature: 
Elysabet Montanez
Tax Defense Center, Inc.

Date: 8-5-03