

783080112358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700020309257

06/06/03--01074--005 **122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 10 PM 3:16

~~10-10-03~~
10-10-03
WR

TRANSMITTAL LETTER

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

SUBJECT: PAHOKEE MEDICAL CENTER, CORP.

(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Nieves E Delgado

Name (printed or typed)

14242 Sw 160 Ter

Address

Miami, FL 33177

City, State & Zip

(305) 443-9144

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

RECEIVED

03 OCT 10 AM 10:26

SECRET
TALLAHASSEE, FLORIDA

June 11, 2003

NIEVES E. DELGADO
14242 SW 160TH TERR.
MIAMI, FL 33177

SUBJECT: PAHOKEE MEDICAL CENTER, CORP.
Ref. Number: W03000016693

We have received your document for PAHOKEE MEDICAL CENTER, CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Document Specialist
New Filings Section

Letter Number: 503A00036278

ARTICLES OF INCORPORATION

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:

PAHOKEE FAMILY MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

14242 SW 160 Ter
Miami, FL 33177

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundred (500) Shares, with \$1.00 par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Nieves Delgado
14242 SW 160 Ter Miami, FL 33177

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors.

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

Nives Delgado
14242 SW 160 Ter
Miami, FL 33177

President

100%

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

27 day of August, 2003.



Signature

Nieves Delgado

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: PAHOKEE FAMILY MEDICAL CENTER, INC.

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

Nieves Delgado
(NAME)

14242 SW 9 Ter
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami, FL 33177
(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 10 PM 3:16

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

N Delgado
(SIGNATURE)

08/27/03
(DATE)