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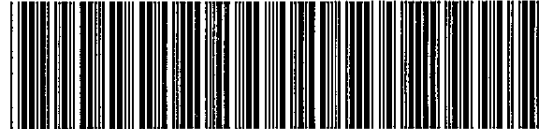
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DIVISION OF CORPORATION

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LAZARUS CORPORATE FILING SERVICE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. D & F MEDICAL CENTER CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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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

Examiner's Initials

D & F MEDICAL CENTER CORP.

ARTICLES OF INCORPORATION
OF

D & F MEDICAL CENTER CORP.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE :

D & F MEDICAL CENTER CORP..._____

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE

_____ 20786 SW 129 TH PLACE, MIAMI, FL 33177 _____

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS :100 all of which shall be common shares (1.00 PER VALUE EACH.)

Gloria Castillo & Ass. Inc
5610 S W 93 Th. Ave
Miami, Fl 33173

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- 1 -

D& F MEDICAL CENTER CORP.

-2-

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER(S)
AND DIRECTOR (S) , IF ANY , WHO SHALL HOLD OFFICE THE FIRST
YEAR OF THE CORPORATION ' S EXISTENCE OR UNTIL THEIR
SUCCESOR(S) IS (ARE) ELECTED IS (ARE)

FIDALGILS FONT
PRESIDENT/SECRETARY

20786 SW 129 PLACE
MIAMI , FL 33183-0000

ARTICLE VI INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

FIDALGIL S FONT
PRESIDENT/SECRETARY

20786 SW 129 PLACE
MIAMI , FL 33183-0000

Gloria Castillo & Ass. Inc
5610 S W 93 Th. Ave
Miami , Fl 33173

D & F MEDICAL CENTER CORP.

-3-

CONTINUATION __ ARTICLE VI-INCORPORATOR(S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS first (14) DAY(S) OF OCT, 2003 .

SIGNATURE(S) OF INCORPORATOR(S)



FIDALGIS FONT - PRESIENT-/SECRETARY

GLORIA CASTILLO & ASS.INC

D & F MEDICAL CENTER CORP.

-4-

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF 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 :

_ D & F MEDICAL CENTER CORP _____

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE
IS :

FIDALGIS FONT -

20786 SW 129 PLACE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33177
(CITY /STATE /ZIPCODE)

SIGNATURE _____

TITLE _____ PRESIDENT _____

DATE _____ 10/14/2003 _____

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
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF MY
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION
607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE _____ 10/14/2003 _____

GLORIA CASTILLO & ASS.INC

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