

P1300049699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

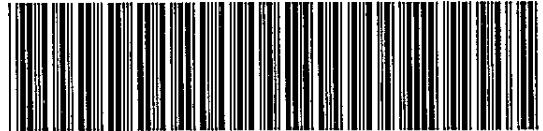
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
03 DEC 11 PM 1:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
AM 11:00

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Florida International Medical Group Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

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:

FLORIDA INTERNATIONAL MEDICAL GROUP INC.

EFF: 01-01-04

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2900 PALM AVE., HIALEAH, FL 33012

MAILING ADDRESS:

P.O. BOX 557432, MIAMI, FL 33255

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LIZETTE ARANGO (P/D)

P.O. BOX 557432

MIAMI, FL 33255

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LIZETTE ARANGO

2900 PALM AVE

HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

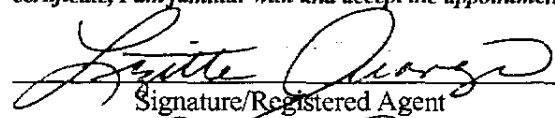
The name and address of the Incorporator is:

LIZETTE ARANGO

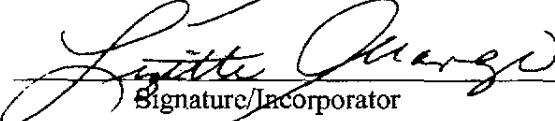
P.O. BOX 557432

MIAMI, FL 33255

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


Signature/Registered Agent

Date


Signature/Incorporator

Date

FILED
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TALLAHASSEE, FLORIDA
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