

P04000057814

Florida Department of State
 Division of Corporations
 Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000070665 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)205-0381

From:
 Account Name : FAS-T CORP. AGENTS, INC.
 Account Number : 071001002335
 Phone : (305)599-0839
 Fax Number : (305)716-0346

FILED
 04 APR -2 AM 10:09
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

CASANAS MEDICAL SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)



4-6

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:

Casañas Medical Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4675 W 18 CT #1109 Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Niurka Casañas Owner
4675 W 18 CT #1109
Hialeah, FL 33012

ARTICLE VI REGISTERED AGENT

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

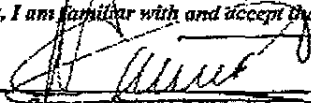
Niurka Casañas
4675 W 18 CT #1109 Hialeah FL 33012.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Niurka Casañas
4675 W 18 CT #1109 Hialeah FL 33012.

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

04/02/04

Date



Signature/Incorporator

04/02/04

Date

FILED
04 APR -2 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA