

P04000059/00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

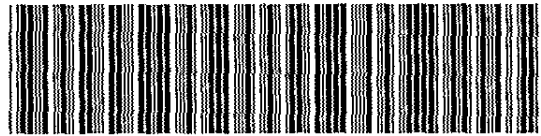
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200031317432

04/02/04--01006--004 **78.75

FILED
04 APR -2 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

g4f

TRANSMITTAL LETTER

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

SUBJECT: Medical Plan of Florida 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: CARLOS ALBERTO MORALES
Name (Printed or typed)

20520 SW 115 Rd
Address

Miami FL 33189
City, State & Zip

786-543-1751
Daytime Telephone number

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

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:

Medical Plan of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20520 SW 115 Rd Miami FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos A. Morales - President

20520 SW 115 Rd Miami FL 33189

Vivian M. Morales - Vice-President

Same address

ARTICLE VI REGISTERED AGENT

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

Carlos A. Morales 20520 SW 115 Rd.
Miami, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos A. Morales 20520 SW 115 Rd.
Miami, FL 33189

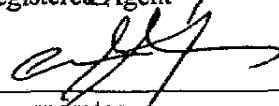
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-25-04

Date



Signature/Incorporator

3-25-04

Date

FILED
04 APR -2 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA