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(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Michele Malow MD PA

(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: Michele Malow

Name (Printed or typed)

1388 S Biscayne Point Road

Address

Miami Beach, FL 33141

City, State & Zip

305-409-9085

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)

**FILED**

### ARTICLE I NAME

The name of the corporation shall be:  
Michele Malow MD PA

04 APR 21 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
1388 S Biscayne Point Road Miami Beach FL 33141

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Medical Practice

### ARTICLE IV SHARES

The number of shares of stock is:  
100 Shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
Michele Malow 1388 S Biscayne Point Road Miami Beach FL 33141 President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
Michele Malow 1388 S Biscayne Point Road Miami Beach FL 33141

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele Malow MD  
1388 S Biscayne Pt Rd  
Miami Beach FL 33141

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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

Michele Malow MD  
Signature/Registered Agent

4/19/04  
Date

Michele Malow MD  
Signature/Incorporator

4/19/04  
Date