

P04000101390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

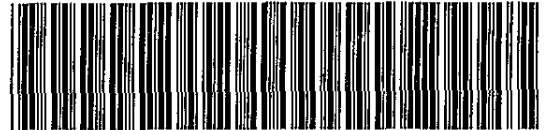
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Doral Oriental Medicine Center Incorporated  
(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: Rhonda F. Goodman PA  
Name (Printed or typed)

P.O. Box 56-1093  
Address

Miami, FL 332561093  
City, State & Zip

305-666-5172  
Daytime Telephone number

Check # 1024

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

**ARTICLES OF INCORPORATION**  
**DORAL ORIENTAL MEDICINE CENTER, INCORPORATED**

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In compliance with Florida Statutes Chapters 607 and 621 of the State of Florida.

**ARTICLE I. NAME**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of the corporation shall be:

*DORAL ORIENTAL MEDICINE CENTER, INCORPORATED*

**ARTICLE II. PRINCIPAL OFFICE**

The address of the principal office and mailing address is:

Principal place of business: *5545 S.W. 8<sup>th</sup> Street, Suite 107, Miami, Florida 33134*  
Mailing Address: *P.O. Box 441246, Miami, Florida 33144*

**ARTICLE III. NATURE OF BUSINESS AND SPECIFIC PURPOSE**

The purpose for which the corporation is organized, is for rendering acupuncture and oriental medicine services by an individual duly licensed or otherwise legally authorized to render the same.

**ARTICLE IV. CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

**ARTICLE V. INITIAL DIRECTORS/OFFICERS**

The initial director(s) and officer(s) are:

*Vivian Manduca-Marquez, President/Director*  
*Alessandra Delos Rios, Vice-President*  
*Jose Marquez, Secretary/Treasurer*

**ARTICLE VI. REGISTERED AGENT**

The registered agent and Florida street address is:

*Jose Marquez, 5545 S.W. 8<sup>th</sup> Street, Suite 107, Miami, Florida 33134*

**ARTICLE VI. INCORPORATOR**

DORAL ORIENTAL MEDICINE CENTER, INCORPORATED  
Articles of Incorporation

The name and address of the incorporator is:

*Jose Marquez, 5545 S.W. 8<sup>th</sup> Street, Suite 107, Miami, Florida 33134*

IN WITNESS WHEREOF, the undersigned incorporation, Jose Marquez, has hereunto set his hand and seal on this 26 day of June, 2004.

*Jose Marquez*  
\_\_\_\_\_  
Jose Marquez, Incorporator

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION**

Jose Marquez having been designated as the 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.

*Jose Marquez*  
\_\_\_\_\_  
Jose Marquez, Registered Agent

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA