

P040000103111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

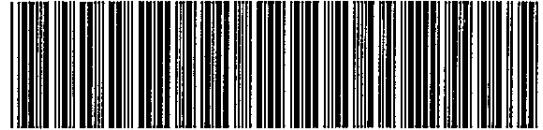
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/12/04

TRANSMITTAL LETTER

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

SUBJECT: ANIA BENITEZ M.D. P.A.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANIA BENITEZ M.D.
Name (Printed or typed)

7300 SW 130th Ave
Address

MIAMI, FLORIDA 33183
City, State & Zip

305-3873761
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:

ANIA BENITEZ M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7300 SW 130th Ave

MIAMI, FL. 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL DOCTOR

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES HAVING AN INDIVIDUAL PER VALUE OF \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANIA BENITEZ, M.D., P.A.

7300 sw 130th Ave

MIAMI, FL. 33183

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ANIA BENITEZ, M.D., P.A.

7300 SW 130th AVE

MIAMI, FL. 33183

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

ANIA BENITEZ, M.D., P.A.

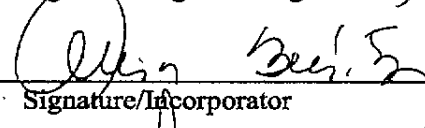
7300 SW 130th AVE.

MIAMI, FL. 33183

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



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CLERK OF STATE
TALLAHASSEE, FLORIDA