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11/9/04

TRANSMITTAL LETTER

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

SUBJECT: GLORIA SANDOVAL, M.D., 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: GLORIA SANDOVAL, M.D.

Name (Printed or typed)

45 NW 4 STREET

Address

HOMESTEAD, FL 33030

City, State & Zip

305-246-8224

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:

GLORIA SANDOVAL, M.D., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

45 NW 4 STREET
HOMESTEAD, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GENERAL FAMILY PRACTICE

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):

GLORIA SANDOVAL, M.D.
3260 SW 140 AVENUE
MIAMI, FL 33175
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

GLORIA SANDOVAL, M.D.
3260 SW 140 AVENUE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GLORIA SANDOVAL, M.D.
3260 SW 140 AVENUE
MIAMI, FL 33175

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

10/21/04

Date



Signature/Incorporator

10/21/04

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA