

PO4000170000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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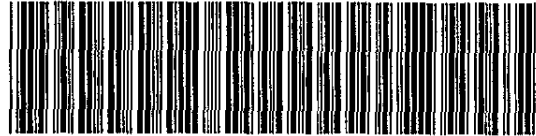
(Business Entity Name)

(Document Number)

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DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

04 DEC 20 AM 9:22

KSP  
W64-44845  
12-20

## TRANSMITTAL LETTER

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

SUBJECT: CARLINE OYADH HYPPOLITE-OYADIRAN, 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:

CARLINE OYADIRAN

Name (Printed or typed)

1930

Address

SW 195 Avenue

MIRAMAR

City, State & Zip

FL 33029

954

60 4696

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 8, 2004

CARLINE OYADIRAN  
1930 SW 195 AVE  
MIRAMAR, FL 33029

SUBJECT: CARLINE HYPPOLITE-OYADIRAN, MD, PA  
Ref. Number: W04000044845

We have received your document for CARLINE HYPPOLITE-OYADIRAN, MD, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers  
Document Specialist  
New Filings Section

Letter Number: 704A00068652

**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:

CARLINE HYPOLITE-OYADIRAN, MD, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

17325 NW 27<sup>th</sup> Av, Ste 109  
CAROL CITY  
FL 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide medical care  
to the community as a medical facility

**ARTICLE IV SHARES**

The number of shares of stock is:

~~10000~~ error 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

OLABISI OYADIRAN  
vice president  
1930 SW 195 AV, MIRAMAR FL 33029

**ARTICLE VI REGISTERED AGENT**

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

Carline OYADIRAN MD,  
1930 SW 195 Avenue,  
Miramar FL 33029

~~OLABISI OYADIRAN, MD  
1930 SW 179 195 AV  
MIRAMAR FL 33029~~

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CARLINE OYADIRAN  
1930 SW 195 AV  
MIRAMAR FL 33029

\*\*\*\*\*  
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