

P05000005947

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

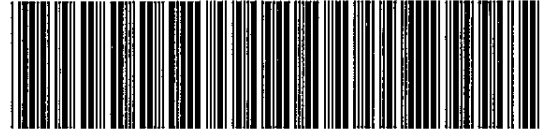
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~PA PURPOSE~~

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fraga Pediatrics * Associates
of Kendall, PA

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

Courier _____



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 10, 2005

CAPITAL CONNECTION INC

SUBJECT: FRAGA PEDIATRICS & ASSOCIATES OF KENDALL, P.A.
Ref. Number: W05000001288

We have received your document for FRAGA PEDIATRICS & ASSOCIATES OF KENDALL, P.A.. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 405A00001647

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

RECEIVED
JAN 11 PM 12:02
DIVISION OF CORPORATIONS
STATE OF FLORIDA

**ARTICLES OF INCORPORATION
OF
FRAGA PEDIATRICS & ASSOCIATES OF KENDALL, P.A.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

FRAGA PEDIATRICS & ASSOCIATES OF KENDALL, P.A.

The specific nature of business of this professional association is the practice of **ARTICLE II - PRINCIPAL OFFICE** medicine.

The principal place of business and mailing address of this corporation shall be:

4141 S.W. 6TH Street
Miami, Florida 33134

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Five Hundred (500) at One Dollar (\$1.00) par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

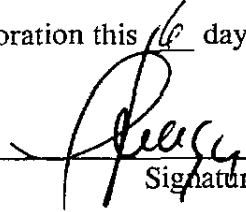
Lazaro Fraga, M.D.
4141 S.W. 6th Street
Miami, Florida 33134

ARTICLE V - INCORPORATOR(S)

The name and address of the incorporator of these Articles of Incorporation

Lazaro Fraga, M.D.
4141 S.W. 6th Street
Miami, Florida 33134

The undersigned has executed these Articles of Incorporation this 16 day of January, 2005.



Signature/Title

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2005 JAN -7 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

FRAGA PEDIATRICS & ASSOCIATES OF KENDALL, P.A.

2. The name and address of the registered agent and office is:

Lazaro Fraga, M.D.
4141 S.W. 6th Street
Miami, Florida 33134

SIGNATURE: _____

(Corporate Officer)

TITLE: _____

DATE: January 6, 2005

HAVING BEEN NAMED A REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACCEPT TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: January 6, 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA