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☐ PICK-UP

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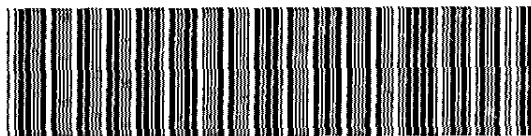
(Business Entity Name)

(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 MAY -9 AM 11:09

RECEIVED

05 MAY -9 PM 2:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ORLANDO LEIVA, P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**Examiner's Initials**

ARTICLES OF INCORPORATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
05 MAY -9 PM 2: 15

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: ORLANDO LEIVA, P. A.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 522483  
MIAMI, FL 33152-2483

ARTICLE III PURPOSE

The purpose of this corporation shall be: HEALTH PRACTITIONER

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:  
500 shares having an individual per value of \$1.00

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Orlando E. Leiva  
14990 S.W. 43Rd ST  
MIAMI, FL 33185

#### ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of director(s) shall be:

Orlando E. Leiva  
P.O.BOX 522483  
MIAMI, FL 33152-2483

#### ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

Orlando E. Leiva (President)  
P.O.BOX 522483  
MIAMI, FL 33152-2483

#### ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Orlando E. Leiva  
P.O.BOX 522483  
MIAMI, FL 33152-2483

The undersigned has (have) executed these Articles of Incorporation this 06 day of  
MAY, 2005.

  
\_\_\_\_\_  
Incorporator Signature

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

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AND AGREE 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 FAMILJAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.

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REGISTERED AGENT SIGNATURE

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