

PO5000084003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900055168789

06/09/05--01046--021 **78.75

FILED

05 JUN -9 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JUN -9 PM 12:06

STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

JUN 10 2005

LAZARUS

CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87TH AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

Office Use Only

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

1. SANS SOUCI MEDICAL SERVICE CORP.
(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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

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

Examiner's Initials

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT,
HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

SANS SOUCI MEDICAL SERVICE CORP.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:

8511 N.W. SOUTH RIVER DRIVE
MEDLEY FL. 33166

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS INCORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

MIGUEL A. CORREA SR.
5981 W. 20 LANE
HIALEAH FL. 33016

FILED
05 JUN -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE
ARTICLES OF INCORPORATION IS (ARE):

MIGUEL A. CORREA SR. (PRESIDENT)
5981 W. 20 LANE
HIALEAH FL. 33016

ARTICLE VI DIRECTOR(S)

MIGUEL A. CORREA JR. (VICE-PRESIDENT)
5981 W. 20 LANE
HIALEAH FL. 33016

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE
ARTICLES OF INCORPORATION IS (ARE):

MIGUEL A. CORREA SR.
5981 W. 20 LANE
HIALEAH FL. 33016
MIGUEL A. CORREA JR.
5981 W. 20 LANE
HIALEAH FL. 33016

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THIS 6 DAY OF JUNE, 2005



SIGNATURE



SIGNATURE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLO-
WING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

SANS SOUCI MEDICAL SERVICE CORP.

THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NAME: MIGUEL A. CORREA SR.

ADDRESS 5981 W. 20 LANE

CITY, STATE, ZIP HIALEAH FL. 33016

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

SIGNATURE  _____

SIGNATURE  _____

DATE: 06/06/2005