

P05000100885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

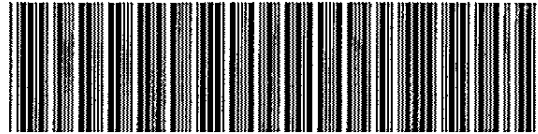
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/18/05--01031--019 \*\*78.75

STATE  
TALLAHASSEE, FLORIDA

05 JUL 18 PM 1:16

FILED

7/19/05  
BLK

## TRANSMITTAL LETTER

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

SUBJECT: D.R.L. Medical Center, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Ramon Reyes  
Name (Printed or typed)  
5035 Palm Ave  
Address  
HALEAH FL 33012  
City, State & Zip  
(305) 822-0669  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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:

D.R.L MEDICAL CENTER, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

6915 W 3<sup>RD</sup> AVE MIAMI, FL 33014

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Common Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

REYNOLIN VALLE 6915 W 3<sup>RD</sup> AVE MIAMI, FL 33014

### ARTICLE V INCORPORATOR / OFFICERS

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT: REYNOLIN VALLE 6915 W 3<sup>RD</sup> AVE  
MIAMI, FL 33014



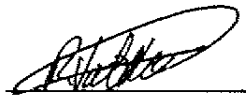
Signature/Incorporator

07/13/05

Date

(An additional article must be added if an effective date is requested.)

Having been named as 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 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/Registered Agent

07/13/05

Date