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TALLAHASSEE, FL 32301

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8/9/05

TRANSMITTAL LETTER

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

SUBJECT: LIMA'S MEDICAL CONSULTING, INC.  
(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: OLINTO A. DE LIMA, MD  
Name (Printed or typed)

6720 FERN STREET  
Address

MARGATE - FL - 33063  
City, State & Zip

~~954-478-4846~~  
Daytime Telephone number

954-481-7456 Mr. Fernando

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 9, 2005

OLINTO A DE LIMA, MD  
6720 FERN STREET  
MARGATE, FL 33063

SUBJECT: LIMA'S MEDICAL CONSULTING, INC  
Ref. Number: W05000037416

We have received your document for LIMA'S MEDICAL CONSULTING, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain who the registered agents is.,

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filings Section

Letter Number: 905A00050977

# 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:

LIMA'S MEDICAL CONSULTING, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6720 FERN STREET - MARGATE - FL - 33063

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CONSULTING

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OLINTO A. DE LIMA - PRESIDENT  
6720 FERN STREET  
MARGATE - FL - 33063

## ARTICLE VI REGISTERED AGENT

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

OLINTO A. DE LIMA  
6720 FERN STREET  
MARGATE - FL - 33063

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OLINTO A. DE LIMA  
6720 FERN STREET  
MARGATE - FL - 33063

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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

Signature/Incorporator

Date

Date

FILED

05 AUG - 8 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/02/2005

08/24/05