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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE DEC 16 2005

COVER LETTER

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

SUBJECT: MDH Medical Services, Corp.
(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: Madelene B EHAZABA
Name (Printed or typed)

18150 SW 114 CT
Address

MIAMI, FL 33157
City, State & Zip

(786) 426-4100
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MDH Medical Services, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18150 SW 114 CT
MIAMI, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Billing & Medical Services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MADELENE B ECHAZABAL - President
Nelson ECHAZABAL - Vice President

ARTICLE VI REGISTERED AGENT

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

MADELENE B ECHAZABAL
18150 SW 114 CT
MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MADELENE B ECHAZABAL
18150 SW 114 CT
MIAMI, FL 33157

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

12/10/05

12/10/05