

P060000051216

(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



200069716572

04/10/06--01006--007 **78.75

FILED
06 APR 10 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

DUCHENNE SERVICES, INC.

SUBJECT: _____

(Proposed corporate name – must include suffix)

Enclose 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 o Status

☐ \$ 78.75
Filing Fee
& Certificate Copy

☐ \$ 87.50
Filing Fee,
Certificate Copy
& Certificate Status

ADDITIONAL COPY REQUIRED

FROM: ALFONSO CARDOSO
5035 PALM AVE
HIALEAH, FL 33012
(305) 822-0669

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:

DUCHENNE SERVICES, INC.

ARTICLE II: PRINCIPAL OFFICE

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

596 W 65th DR
HIALEAH, FL 33012

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES.

ARTICLE IV: SHARES

The number of shares of stock is:

10 000 Common Shares.

ARTICLE V: INITIAL OFFICERS AND/ OR DIRECTORS

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

PRESIDENT:	JOSE R. ALBA SILVA	596 W 65 th DR HIALEAH, FL 33012
------------	--------------------	--

ARTICLE VI: REGISTERED AGENT

The name and Florida Street address (P o Box NOT acceptable) of the registered agent is:

ALFONSO CARDOSO	5035 PALM AVE. HIALEAH, FL 33012
-----------------	-------------------------------------

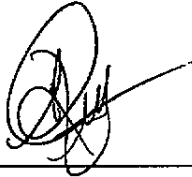
ARTICLE VII: INCORPORATOR

The name and address of the incorporator is:

ALFONSO CARDOSO	5035 PALM AVE. HIALEAH, FL 33012
-----------------	-------------------------------------

FILED
06 APR 10 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
06 APR 10 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA



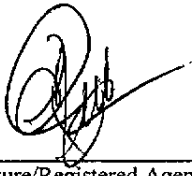
Signature/Incorporator

04/04/2006

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

04/04/2006

Date