

P07000028948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

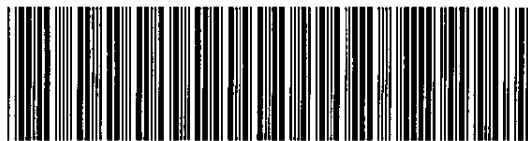
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/07--01028--001 **35.00

03/05/07--01028--002 **35.00

2007 MAR -5 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CS. 3-6

COVER LETTER

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

SUBJECT: RSF MEDICAL 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: RAFAEL SANCHEZ
Name (Printed or typed)

800 NE 195 ST # 615
Address

MIAMI, FLORIDA 33179
City, State & Zip

305 322 0536
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)

ARTICLE I NAME

The name of the corporation shall be:
RSF MEDICAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
800 NE 195 St # 615
Miami, Fl 33179

ARTICLE III PURPOSE

The purpose of this corporation shall be:
Provide service of medical billing to medical service providers

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICER AND/OR DIRECTORS

Name: Rafael Sanchez Title: President Address: 800 NE 195 St # 615
Miami, Fl 33179

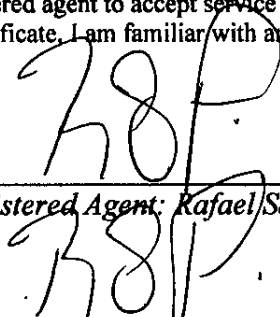
ARTICLE VI REGISTERED AGENT

The name and address of the registered agent is:
Name: Rafael Sanchez Address: 800 NE 195 St # 615
Miami, Fl 33179

ARTICLE VII INCORPORATOR

Rafael Sanchez
800 NE 195 St # 615
Miami, Fl 33179

.....
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: Rafael Sanchez

02.20.2007
Date

Signature / Incorporator: Rafael Sanchez

02.20.2007
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA