

P07000106336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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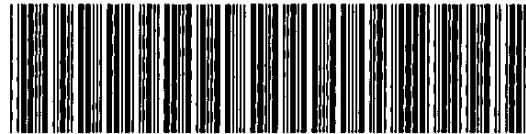
(Business Entity Name)

(Document Number)

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

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07 SEP 24 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/H

## COVER LETTER

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

SUBJECT: LORELEY M. DUYOS, MD. PA.  
(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: M. SAN MIGUEL, INC.  
Name (Printed or typed)

4442 SEA GRAPE DRIVE  
Address

LAUDERDALE BY THE SEA, FL. 33308-4417  
City, State & Zip

954-647-7752  
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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**ARTICLE I NAME**

The name of the corporation shall be:

LORELEY M. DUYOS, MD. PA.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3898 SW 126th COURT, MIAMI, FL 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PRACTICE MEDICINE IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE HUNDRED COMMON SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LORELEY M. DUYOS, M.D.  
3898 SW 126th COURT  
MIAMI, FL. 33175-2972

**ARTICLE VI REGISTERED AGENT**

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

LORELEY M. DUYOS, M.D.  
3898 SW 126th COURT  
MIAMI, FL. 33175-2972

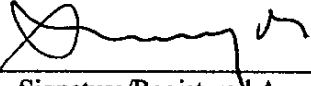
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LORELEY M. DUYOS, M.D.  
3898 SW 126th COURT  
MIAMI, FL. 33175-2972


\*\*\*\*\*

*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

SEPTEMBER 20,2007

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

SEPTEMBER 20,2007

\_\_\_\_\_  
Date