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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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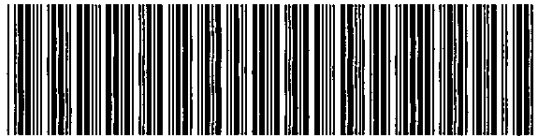
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAR 27 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Lina Ramos, M.D., P.A.

(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: Lina Ramos, M.D.

Name (Printed or typed)

20 calabria ave, Apt 200

Address

Coral Gables, FL 33134

City, State & Zip

786-269-5173

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:

Lina Ramos, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

20 Calabria Ave. Suite 200
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Patient treatment, to work as a physician

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lina Ramos, M.D., 20 Calabria ave. Apt 200 Coral Gables, FL 33134, President

ARTICLE VI REGISTERED AGENT

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


Lina Ramos, M.D., 20 Calabria ave Apt 200, Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lina Ramos, M.D., 20 calabria ave Apt 200, Coral Gables, FL 33134

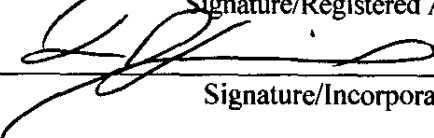
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

MARCH 28 / 2008

Date



Signature/Incorporator

MARCH 24 / 2008

Date