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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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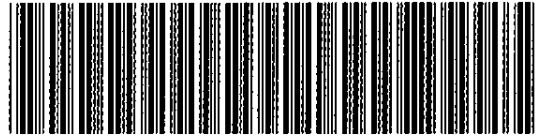
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 MAY 12 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/13/08

COVER LETTER

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

SUBJECT: MOLINET 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: JORGE D HEREDIA CPA

Name (Printed or typed)

1428 SW 124 FL

Address

MIAMI, FL 33184

City, State & Zip

(305)207-6238

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:

MOLINET MD,PA

ARTICLE II PRINCIPAL OFFICEThe principal street address and mailing address, if different is:8260 W FLAGLER ST STE 2J
MIAMI,FL 33144**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE 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):

TOMAS RODRIGUEZ MOLINET-PRESIDENT
8260 W FLAGLER ST
STE 2J,MIAMI,FL 33144**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:TOMAS RODRIGUEZ MOLINET
8260 W FLAGLER ST STE 2J,MIAMI,FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:JORGE D HEREDIA CPA
1428 SW 124 PL
MIAMI,FL 33184

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

SECRETARY OF STATE
TAMPA, FLORIDA

08 MAY 12 PM 3:04

FILED