

P08000054663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

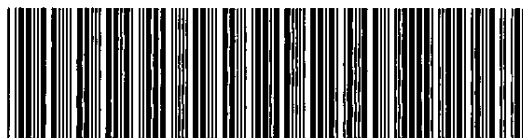
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 JUN -3 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 04 2008

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COVER LETTER

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

SUBJECT: South Beach Cosmetic Surgery Center, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jacqueline R. Quintero
Name (Printed or typed)

2500 SW 140th Avenue
Address

Miami, FL 33175
City, State & Zip

786-290-4276
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

South Beach Cosmetic Surgery Center, INC

ARTICLE II PRINCIPAL OFFICE

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

2500 SW 140th Avenue

Miami, Fl 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Plastic Surgery

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):

Jacqueline Quintero President/Treasurer
Maria Bencomo Vice-President/Secretary

ARTICLE VI REGISTERED AGENT

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

Jacqueline Quintero
2500 SW 140th Avenue
Miami, Fl 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jacqueline Quintero
2500 SW 140th Avenue
Miami, Fl 33175

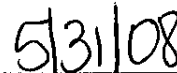
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



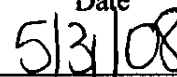
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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