

P09000014122 Page of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FLORIDA LICENSES AND CORPORATIONS INC
Account Number : I20080000068
Phone : (305) 446-3442
Fax Number : (305) 446-3452

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DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

MEDICO DE LA FAMILIA, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MEDICO DE LA FAMILIA, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

MEDICO DE LA FAMILIA, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business
- 2) Said corporation shall further have powers
To have perpetual succession by it's corporate

Name:

MEDICO DE LA FAMILIA, CORP.

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in these article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

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The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

GUILLERMO CARBALLIDO GONZALEZ

865 East 10 Ave
Hialeah, FL 33010

The principal office shall be:

865 East 10 Ave
Hialeah, FL 33010

ARTICLE VI

The initial Board of Directors shall consists of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

GUILLERMO CARBALLIDO GONZALEZ

865 East 10 Ave
Hialeah, FL 33010

PRESIDENT/VICE PRES

The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:

GUILLERMO CARBALLIDO GONZALEZ

865 East 10 Ave
Hialeah, FL 33010

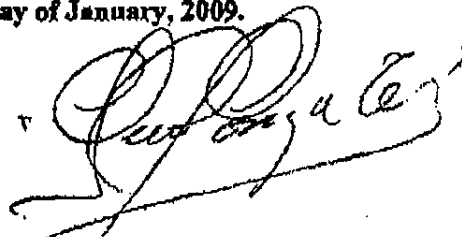
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The name and address of the incorporator executing these Articles of Incorporation is: Guillermo Carballido Gonzalez

865 East 10 Ave
Hialeah, FL 33010

WITNESS WHEREOF, the undersigned incorporator has we executed theses Articles of Incorporation this 16th day of January, 2009.

Guillermo Carballido Gonzalez
President / Incorporator



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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.- The name of the Corporation is:

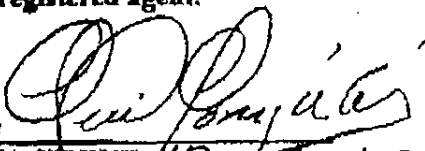
MEDICO DE LA FAMILIA, CORP.

2.- The name and address of the registered agent and office is:

Guillermo Carballido Gonzalez
865 East 10 Ave
Hialeah, FL 33010

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature:


PRESIDENT / Registered Agent

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