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PICK-UP	☐ WAIT	MAIL
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SUFFICIENCY OF FILING

DEPARTMENT OF STATE CORPORATION OF C

EP 3/13/09.

## **LAZARUS**

## **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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RPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if known):	
MEDICAL (Corporation Name)	FINANCE Corp.	<del></del>
(Corporation Name)	(Document #)	
Walk in Pick up time		
■ Mail out	Photocopy Certificate of S	tatus
<u>W FILINGS</u>	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
HER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	Trademark Other	
	Examiner's Initi	als

CR2E031(7/97)

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ALLAHASSEE, FLORIDA

#### **ARTICLE 1 - NAME**

THE NAME OF THE CORPORATION SHALL BE:

MEDICAL FINANCE COSP.

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

11777 S.W 135 PL Miami, FL 33186

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Tim Morley 15566 SW 62TER Miami FL 33186

#### **ARTICLE V - INCORPORATOR**

THE NAME AND	STREET ADDRESS ( ARTICLES OF INC	ORPORATION IS:	•	
Tim	Morley	11777	SW	135 PL
JUAN	Morley Ribera	11777 Miami	FL	33186
THE UNDERSIGI	NED INCORPORATOR OF INCORPO  DAY OF		O THESE AI	RTICLES
			) ···	09 MAR SEUNE
	SIGNA	ATURE		12 AH 10: 49 ASSEE, FLORID
·		DIRECTOR(S)		
THE NAME(S) THE	AND STREET ADDR	ESS (ES) OF THE CORPORATION !	DIRECTOR S (ARE);	≀(S) TÕ
1	ise articles of in Marley ian P. Ribert	(Heside	ent)	
$\int v$	ian P. K. Gerf	A Clice-1	P/ E5 0	
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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.

**REGISTERED AGENT SIGNATURE**