

PD9000040645

(Requestor's Name)

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☐ PICK-UP

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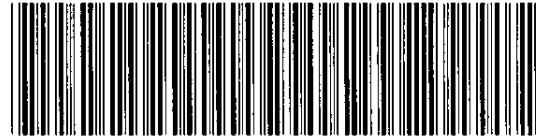
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 MAY -7 PM 3:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2009 MAY -7 P 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY -8 2009
D.A. WHITE

LAZARUS

CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIRIAM CASANOVA MD PA
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. The specific nature of business is. MEDICAL PRACTICE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES I – NAME

The name of the corporation shall be:

Miriam Casanova, MD.PA

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**52 East 5 Street
Hialeah, Fl. 33010**

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES AT \$ 1.00 PER VALUE

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

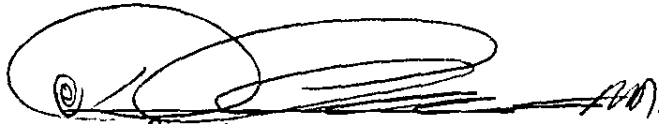
**Miriam Casanova
52 East 5 Street
Hialeah, Fl. 33010**

ARTICLE V – INCORPORATOR

The name and street of the incorporate to these Articles of Incorporation is:

**Miriam Casanova, MD. PA.
52 East 5 Street
Hialeah, Fl. 33010**

*The undersigned incorporator has executed these Articles of Incorporation this 6
day of may 2009.*

A handwritten signature in black ink, appearing to read 'Miriam Casanova', with a large circular flourish at the beginning.

Signature
Miriam Casanova

ARTICLE VI – DIRECTOR (S)

*The name(s) and street address(s) of the director(s) to these Articles of Incorporation is
(are):*

PRESIDENT	Miriam Casanova	100%
SECRETARY	1304 NW 31 Ave.	
VICEPRESIDENT	Hialeah, Fl. 33125	
TREASURY		

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

**Miriam Casanova
52 East 5 Street.
Hialeah, Fl 33010**

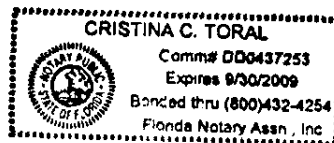
Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related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


Signature

Witness my hand and official seal at Hialeah, Dade county, florida this 6 days of
MAY 2009


Notary Public, State of Florida

My Commision Expires



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TALLAHASSEE, FLORIDA