

PO9 0000 49256

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

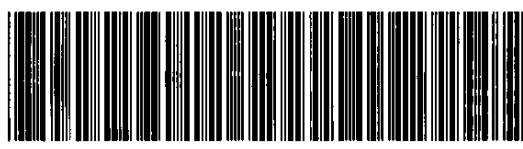
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-24854

B. McKnight JUN 05 2009

COVER LETTER

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

SUBJECT: Jorge Luis Posada, M.D., P.A.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jorge Luis Posada, M.D., P.A.
Name (Printed or typed)

10430 SW 5th ST
Address

Miami, FL 33174
City, State & Zip

(305) 307-1337
Daytime Telephone number

jlposada@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

JORGE LUIS POSADA, M.D., P.A.
10430 SW 5TH ST
MIAMI, FL 33174

SUBJECT: JORGE LUIS POSADA, M.D., P.A.
Ref. Number: W09000024854

We have received your document for JORGE LUIS POSADA, M.D., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 509A00017853

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: Jorge Luis Posada, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

10430 SW 5th St
MIAMI, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render medical services.

ARTICLE IV SHARES

The number of shares of stock is:

500 at a \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jorge Luis Posada, M.D.

ARTICLE VI REGISTERED AGENT

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

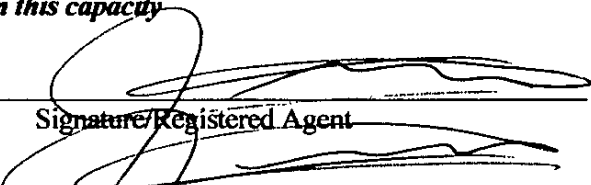
Jorge Luis Posada, M.D.
10430 SW 5 St.
Miami, FL 33174

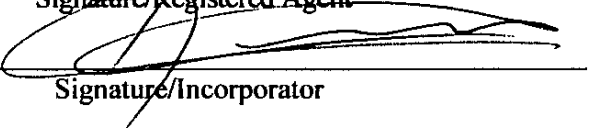
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jorge Luis Posada M.D.
10430 SW 5 St.
Miami, FL 33174

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

5/20/09

Date
5/20/09

Date

FILED
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TALLAHASSEE, FLORIDA