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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	De La Torre ATE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM:		e (Printed or typed)	٥٢٢٤	
	City	Address  Address  AMI, F. 3  State & Zip  S) 567-0815  Pelephone number	SECRETAR)	
	Johns. C. 1	Victors BANK	or America. Com	ა <b>Ą</b> .

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: De La Torre and De La Torre Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 301 5W SI COURT MIAMI, FL 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: MEDICAL SERVICES ARTICLE IV SHARES The number of shares of stock is: /OD ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Enrique De La Torre - Secretary / Trezsurer Doris De Le Torre - President ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Englave De La Torre 301 SW 51 COURT MIAMI, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ENRIQUE De la Toane 301 SW SI COURT MIAMILE 33134

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ARTICLES OF INCORPORATION

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

7/7/09

Date