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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-29-10 ab

COVER LETTER

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

SUBJECT: NMSA DIALYSIS CENTER, INC.
(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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael AIFARO
Name (Printed or typed)

7374 SW 93rd AVE, SUITE 201
Address

MIAMI, FL 33173
City, State & Zip

305-270-7771
Daytime Telephone number

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

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

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:

NMSA DIALYSIS CENTER, Inc.

ARTICLE II PRINCIPAL OFFICE

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

955 NW 3rd SUITE # 109/110
MIAMI, FL 33128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT - RENAL CARE & DIALYSIS TREATMENT

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARILYN AIFARO, President & CEO
MICHAEL AIFARO, Vice-President & COO

ARTICLE VI REGISTERED AGENT

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

Michael AIFARO
7374 SW 93rd AVE, SUITE 201
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARILYN AIFARO
7374 SW 93rd AVE, SUITE 201
MIAMI, FL 33173

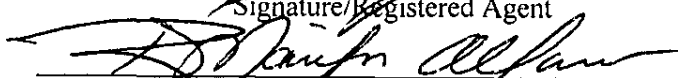
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01/25/10

Date



Signature/Incorporator

01/25/10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA