

P10000077529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

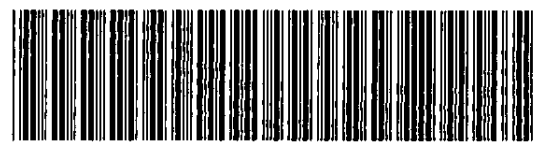
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09/07/10--01039--003 \*\*78.75

2010 SEP 22 PM 3:00  
SECRETARY OF STATE  
DIVISION

J 9/23/10

**COVER LETTER**

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

**SUBJECT:** Carlos A. Rojas, D.P.M., 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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Carlos A. Rojas, D.P.M.

Name (Printed or typed)

13242 NW 10th TER

Address

Miami, FL 33182

City, State & Zip

786-393 0521

Daytime Telephone number

crojavec@yahoo.com

E-mail address: (to be used for future annual report notification)

2010 SEP 22 PM 3:00  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 SEP 22 AM 10:58  
DIVISION OF CORPORATIONS

September 13, 2010

CARLOS A. ROJAS, D.P.M.  
13242 NW 10TH TER  
MIAMI, FL 33182

SUBJECT: CARLOS A. ROJAS, D.P.M., P.A.  
Ref. Number: W10000042988

We have received your document for CARLOS A. ROJAS, D.P.M., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 910A00021737

2010 SEP 22 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS AND BUSINESSES

2010 SEP 22 PM 3:00

**ARTICLE I NAME**

The name of the corporation shall be:

Carlos A. Rojas, D.P.M., P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

13242 NW 10TH TER  
MIAMI, FL 33182

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To render professional podiatry physician services

**ARTICLE IV SHARES**

The number of shares of stock is:

20

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Carlos A. Rojas, D.P.M.  
13242 NW 10TH TER,  
MIAMI FL 33182.  
(Owner)

**ARTICLE VI REGISTERED AGENT**

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

Carlos A. Rojas, D.P.M.  
13242 NW 10TH TER  
Miami, FL 33182

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carlos A. Rojas, D.P.M.  
13242 NW 10TH TER  
MIAMI, FL 33182

\*\*\*\*\*

*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

9/19/10  
\_\_\_\_\_  
Date  
9/19/10  
\_\_\_\_\_  
Date