

P10000088583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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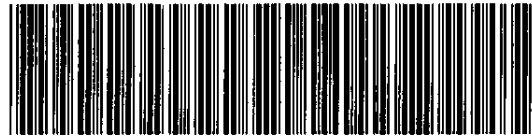
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
11/1

## COVER LETTER

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

SUBJECT: SOUTH DADE HOSPITALIST 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: MABIET VILLEGAS  
Name (Printed or typed)

12002 SW 128 COURT SUITE 205  
Address

MIAMI, FL 33186  
City, State & Zip

(305) 255-1127  
Daytime Telephone number

vill1395@bellsouth.net  
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**

SOUTH DADE HOSPITALIST INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12002 SW 128 COURT

SUITE 205

MIAMI, FL 33186

Mailing address if different is:

N/A

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE MEDICAL CARE TO PATIENTS AT THE HOSPITAL

**ARTICLE IV SHARES**

The number of shares of stock is: 250

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

Name and Title: MABIET VILLEGAS

Address: 12002 SW 128 COURT SUITE 205

MIAMI, FL 33186

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MABIET VILLEGAS

Address: 12002 SW 128 COURT SUITE 205

MIAMI, FL 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SOUTH DADE HOSPITALIST INC.

Address: 12002 SW 128 COURT SUITE 205

MIAMI, FL 33186

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

*M Villegas*

Required Signature/Registered Agent

10/25/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*M Villegas*

Required Signature/Incorporator

10/25/2010

Date