

P 10000093962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

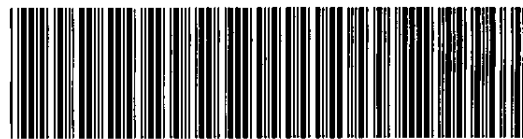
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/16/10--01033--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 16 PM 2:44

B McKnight NOV 17 2010

Michelino Scarlata, M.D., P.A.
5161 Collins Avenue, Apt. 1609
Miami Beach, Florida 33140

November 15, 2010

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Incorporation

Dear Sir:

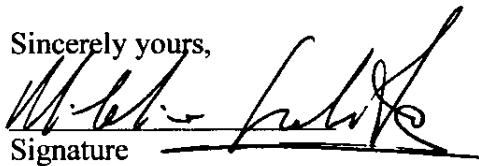
Enclosed please find an original and one copy of Articles of Incorporation along with total filing fees of \$78.75.

Please file and provide a filed copy to me, together with any other information you commonly provide to new incorporators at the address above.

Please contact me at the above address if you require anything further. My daytime telephone number is (305) 498-6377.

With kindest regards, I am

Sincerely yours,


Signature

Enclosures
Check # 2195 Enclosed for \$78.75

COVER LETTER

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

SUBJECT: Michelino Scarlata, 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michelino Scarlata, M.D

Name (Printed or typed)

5161 Collins Avenue, Apt 1609

Address

Miami Beach, Florida 33140

City, State & Zip

(305) 498-6377

Daytime Telephone number

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:

Michelino Scarlata, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5161 Collins Avenue, Apt 1609, Miami Beach, Florida 33140 (Corporate Office)

3801 Biscayne Boulevard, Suite 300, Miami, Florida 33137 (Office to see patients)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide surgical services for those patients in need of surgical consultations/medical care.

ARTICLE IV SHARES

The number of shares of stock is:

One.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michelino Scarlata, M.D., President

ARTICLE VI REGISTERED AGENT

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

Michelino Scarlata, M.D.

5161 Collins Avenue, Apt 1609

Miami Beach, Florida 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelino Scarlata, M.D.


5161 Collins Avenue, Apt 1609

Miami Beach, FL 33140

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

Nov 15, 2010

Date

Nov 15, 2010

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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