

AL00000100641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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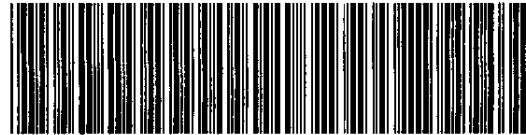
(Business Entity Name)

(Document Number)

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12/06/10--01034--007 **78.75

W10-56678

FILED

2010 DEC 13 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 14 2010

COVER LETTER

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

SUBJECT: CENTRO MEDICO DR. JOSE MUÑOZ. C.A CORP
(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: SUE CHEEN MUÑOZ MADUEÑO
Name (Printed or typed)

10805 nw 89th terrace B-4 #213
Address

Miami Fl 33178
City, State & Zip

786-3204249
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC 13 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 7, 2010

SUE CHEEN MUNOZ MADUENO
10805 NW 89TH TERRACE B-4 #213
MIAMI, FL 33178

SUBJECT: CENTRO MEDICO DR. JOSE MUNOZ. C.A CORP
Ref. Number: W10000056678

We have received your document for CENTRO MEDICO DR. JOSE MUNOZ. C.A CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the name of the corporation in article I.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 210A00028353

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: **CENTRO MEDICO DR. JOSE MUNOZ, C.A CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
10805 NW 89 TER B-4 # 213
MIAMI FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Medical services and all related with health

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SUE CHEEN MUNOZ -PRESIDENT**
Address: **10805 NW 89 TER B-4 # 213**
MIAMI FL 33178

Name and Title: _____
Address: _____

Name and Title: **ERNESTO D.VARGAS-VICEPRESIDENT**
Address: **10805 NW 89 TER B-4 # 213**
MIAMI FL 33178

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: **SUE CHEEN MUNOZ MADUENO**
Address: **10805 NW 89 TER B-4 # 213**
MIAMI FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **SUE CHEEN MUNOZ MADUENO**
Address: **10805 NW 89 TER B-4 # 213**
MIAMI FL 33178

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

Sue Cheen Munoz

Required Signature/Registered Agent

11/30/10

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.

Sue Cheen Munoz

Required Signature/Incorporator

11/30/10.

Date

FILED

2010 DEC 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA