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COVER LETTER

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

SUBJECT: MARTA E. FARINAS, D.O., P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUF	ı
Enclosed are an original and one (1) copy of the articles of incorporation and a check	or:
& Ce Statu	Fee, fied Copy rtificate o
ADDITIONAL COPY REC	UIRED
FROM: MARTA D. FARINAS Name (Printed or typed)	
1500 SW 102 PL	
Address	
M. Ami - FL - 33174 City, State & Zip	
786 231 91 81 Daytime Telephone number	
MARTAMANDA CAOL. CO	

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

ARTICLES OF INCORPORATION OF MARTA E. FARIÑAS, D.O., P.A.

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

ARTICLE I. NAME

The name of the corporation shall be: MARTA E. FARIÑAS, D.O., P.A.

ARTICLE II. PRINCIPAL OFFICE

The principal street address of the Professional Association shall be:

7621 NW 2nd Terrace, Miami, Florida 33126

ARTICLE III. PURPOSE

This professional association shall engage in rendering professional medical services, and related services, and transacting any and all lawful business permitted for such professional associations under the Florida Statutes.

ARTICLE IV. SHARES

The maximum number of shares of stock that this professional association is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 per value per share, all of one class.

ARTICLES V. OFFICER/DIRECTOR

This professional associationshall have a board of directors consisting of no less than one director. The initial Board of Directors shall be:

MARTA E. FARIÑAS, D.O., President

7621 NW 2ND Terrace, Miami, Florida 22136

ARTICLE VI. REGISTERED AGENT

The name and street address of the Registered Agent of this professional association is: MARTA D. FARIÑAS, 1500 SW 102 PLACE, MIAMI, FLORIDA 33174

ARTICLE VII. INCORPORATOR

The name and street address of the Incorporator is: MARTA D. FARIÑAS, 1500 SW 102 PLACE, MIAMI, FLORIDA 33174

Having been named as registered agent to accept service of process for the above stated professional association 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.

, /19/11

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 \$17.155, F.S.

MARTA D. FARINAS

1/19/11

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