

P11000013240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

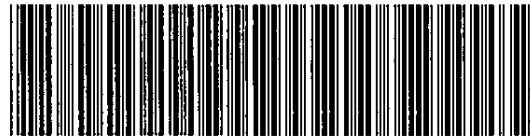
(Document Number)

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

Special Instructions to Filing Officer:

*Maria E. Ruiz* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article 7*  
DATE *2/8/11*  
DOC. EXAM *MRS*

Office Use Only



300192101753

02/07/11--01013--002 \*\*70.00

FILED  
11 FEB -7 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MRS 2/8*

## COVER LETTER

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

SUBJECT: Medical Insurance Association 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: Maria E. Ruiz  
Name (Printed or typed)  
7750 S.W. 117 Ave Suite 301F  
Address  
Dania, FL 33183  
City, State & Zip  
305-545-5407  
Daytime Telephone number  
mariaquiroz9@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

**FILED**

**11 FEB -7 PM 1:20**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

February 1, 2011

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

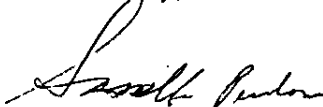
Re: P05000112958  
MEDICAL INSURANCE ASSOCIATION INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305 595-2407.

Sincerely,



Gisel Perdomo

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: Medical Insurance Association Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14321 10430 S.W. 145 Ave  
Miami FL 33186

Mailing address, if different is:

10430 S.W. 145 Ave  
Miami FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 ea.

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

Name and Title: Grisele Perdomo Pres  
Address: 14321 S.W. 286 St  
Honolulu FL 33033

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: Grisele Perdomo  
Address: 14321 S.W. 286 St  
Honolulu FL 33033

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Grisele Perdomo  
Address: 14321 S.W. 286 St  
Honolulu FL 33033

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

Grisele Perdomo  
Required Signature/Registered Agent

2/1/11  
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.

Grisele Perdomo  
Required Signature/Incorporator

2/1/11  
Date

FILED  
11 FEB -7 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA