

P11000015944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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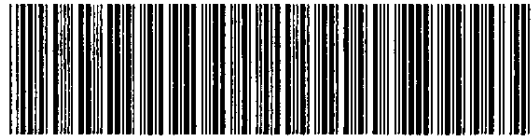
(Business Entity Name)

(Document Number)

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

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2011 FEB 15 PM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 16 2011

## COVER LETTER

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

SUBJECT: Raymond Molano, 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: Raymond Molano

Name (Printed or typed)

743 Berkshire Dr.

Address

Saline, Mi 48176

City, State & Zip

305-450-1395

Daytime Telephone number

raymondmolano@hotmail.com

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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: Raymond Molano, M.D., P.A.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
4755 Summerlin Rd Suite # 8  
Fort Myers, FL 33919

Mailing address, if different is:

743 Berkshire Dr.  
Saline, MI 48176

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate a professional health care medical practice and provide professional medical service's in accordance to the State Of Florida laws, regulations and superior standard of care.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Molano Officer  
Address: 743 Berkshire Dr.  
Saline, MI 48176

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: Osmundo Molano  
Address: 505 S.W. 95 Court  
Miami, Florida 33174

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raymond Molano  
Address: 743 Berkshire Dr.  
Saline, MI 48176

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Osmundo Molano  
Required Signature/Registered Agent

1/14/11  
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.

Raymond Molano  
Required Signature/Incorporator

1/31/11  
Date