

P11000062692

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

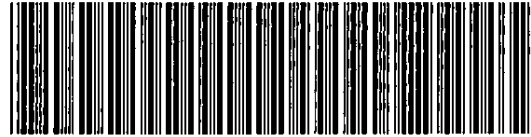
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MPS
7/12

COVER LETTER

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

SUBJECT: Scoliosis Center of Miami, 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: Rodolfo D. Alfonso, D.C.P.A.
Name (Printed or typed)

8585 Sunset Drive, Suite 102
Address

Miami, Fl. 33143
City, State & Zip

305-275-7474
Daytime Telephone number

doctorudyalfonso@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Scoliosis Center of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8585 Sunset Drive
Suite 102
Miami, FL 33143

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Rodolfo D. Alfonso
Address: 8585 Sunset Drive
Suite 102
Miami, FL 33143

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: Dr. Rodolfo D. Alfonso
Address: 8585 Sunset Drive, Suite 102
Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Rodolfo D. Alfonso
Address: 8585 Sunset Drive
Suite 102
Miami, FL 33143

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

Rodolfo Alfonso

Required Signature/Registered Agent

7-8-11

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.

Rodolfo Alfonso

Required Signature/Incorporator

7-8-11

Date