

P11000068667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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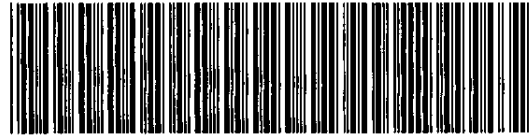
(Business Entity Name)

(Document Number)

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11 JUL 29 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
8/1

COVER LETTER

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

SUBJECT: VIZCAYA MEDICAL SERVICES, 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: Hernando Fernandez
Name (Printed or typed)

5085 NW 7st #1001
Address

Miami FL 33126
City, State & Zip

786-346-6417
Daytime Telephone number

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

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

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:

VIZCAYA MEDICAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5085 NW 7st #1001

Miami FL 33126

Mailing address, if different

5085 NW 7st #1001

Miami FL 33126

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERNANDO FERNANDEZ

Address: 5085 NW 7st #1001

Miami FL 33126

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: HERNANDO FERNANDEZ

Address: 5085 NW 7st #1001

Miami FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERNANDO FERNANDEZ

Address: 5085 NW 7st #1001

Miami FL 33126

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

Required Signature/Registered Agent

7/25/2011

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.

Required Signature/Incorporator

7/25/2011

Date