

P11000076340

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

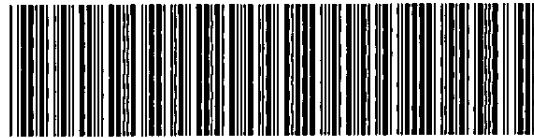
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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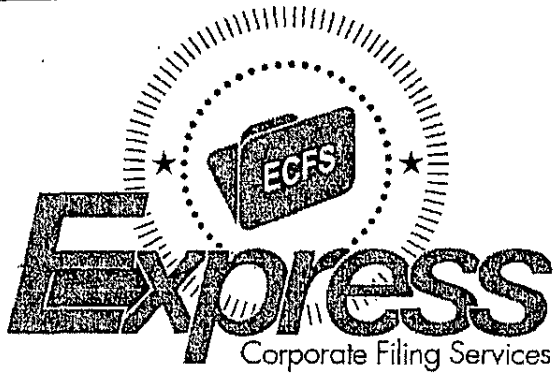
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 AUG 26 AM 9:55

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

h 08/29/11



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. J & M Cespedes Machado MD PA
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
J & M CESPEDES MACHADO MD PA**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

J & M CESPEDES MACHADO MD PA

Article II - Principal Office

The principal place of business shall be:

917 SW 136 PL
MIAMI, FL 33184

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

Article IV - Purpose

To carry on and engage in any lawful business on General Medicine

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

JUAN JOSE CESPEDES
917 SW 136 PL
MIAMI, FL 33184

11 AUG 26 AM 9:55
SECRETARY OF STATE
FALLHASSEE, FLORIDA

Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

Name	Title	Address	Shares
JUAN JOSE CESPEDES	PRESIDENT REGIRTERD AGENT	917 SW 136 PL MIAMI, FL 33184	60%
MARIA ISABEL MACHADO	VICE-PRESIDENT SECRETARY	917 SW 136 PL MIAMI, FL 33184	40%

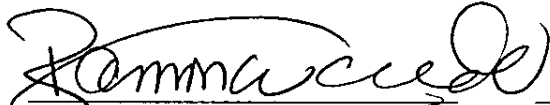
Article VII Directors

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

24 day of August 2011


WITNESS:


JUAN JOSE CESPEDES

11 AUG 26 AM 8:55
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.


1. The name of the Corporation is: **J & M CESPEDES MACHADO
MD PA.**

2. The name and address of the registered agent and office is:

JUAN JOSE CESPEDES
917 SW 136 PL
MIAMI, FL 33184

11 AUG 26 AM 8:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


x _____ (Seal)
JUAN JOSE CESPEDES