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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/27/12

COVER LETTER

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

SUBJECT: Miami Adult & Geriatric Specialist IMC.
(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)

14300 SW 33 Street
Address

Miami, Florida 33175
City, State & Zip

305-551-9575
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.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Miami Adult & Geriatric Specialist **INC.**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
14300 SW 33 street
Miami, FL 33175

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide Evaluation and Medical Care to Adults

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Molano President
Address: 14300 SW 33 Street
Miami, Florida 33175

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: Raymond Molano
Address: 14300 SW 33 Street
Miami, Florida 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raymond Molano
Address: 14300 SW 33 Street
Miami, Florida 33175

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

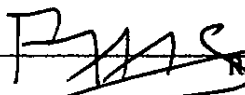


Required Signature/Registered Agent

02/18/2012

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

02/18/2012

Date

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TALLAHASSEE, FLORIDA