## P12000022069

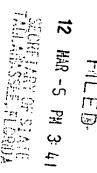
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	i
Special Instructions to Filing Officer:	





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## **COVER LETTER**

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

SUBJECT: Michae R.  (PROPOSED CORPORA)	Rentrow	M.D.
Enclosed are an original and one (1) copy of the artic		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Michael R	entrow (Printed or typed)	
	adress	
Miami FL City,	State & Zip	43
$ \begin{array}{c} 305 & 502 \\ \hline \text{Daytime Te} \end{array} $		
mrentrow2 Q n E-mail address: (to be used mrentrow@me.		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	<u> </u>	
The name of the	corporation shall be: Michael	R. Rentrow	M.D. P.A.
ARTICLE II	PRINCIPAL OFFICE	, , , , , , , , , , , , , , , , , , , ,	
	Principal street address 8755 5w 945t, 50	, A Mail	ing address, if different is:
	8755 SW 945t S	ite 200 8345	Sw 81 Lane
	Miami, FL 33176	Miami	FC 33143
ARTICLE III			~. I
The purpose for	which the corporation is organized is:		· 26 73
	Medicine; Surgery		
	redicine, soligery		MAR FI
			Colored 1
			A S F
ARTICLE IV	SHARES		世界 32 画
The number of sh			န်ာ့နှာ် ယူ
ADTICUT IN TH	THINKAL OPERADOS AND ADD TOTAL	amona I da A	
Name and	Title: Michael Renfrow ->	Diresime and Title:	
Address:	6513 - 5 - 61 - 614	Address:	
	Miami, FL 33143		
		<del></del> _	
Name and	Title:	Name and Title:	
Address:		Address:	
Name and	Title:	Name and Title:	
Address:		Address:	
		<del></del>	
ARTICLE VI	REGISTERED AGENT		
The <u>name and FI</u> Name:	orida street address (P.O. Box NOT acceptal		
Address:	Michael Rentrow	<del></del>	
11441055.	Miami I=L 33/43		
400000000000	Tyroppop Amon	<del></del>	
ARTICLE VII The name and ad	INCORPORATOR  Idress of the Incorporator is:		
Name:	Michael Rentrow		
Address:	Michael Rentrow 8345 SW 81 Cane		
	Miami, FL 33143		
Having been nan	ned as registered agent to accept service of p	process for the above stated o	cornoration at the place designated in
this certificate, I a	un familiar with and accept the appointment of	as registered agent and agree	to act in this capacity
	//// .		• •
	Michael V.	Zentow	3-01-20/2 Date
	Required Signature/Registered Agen	at	Date
I submit this doc	ument and affirm that the facts stated herei		the false information submitted in a
document to the I	omen und afform that the facts stated herei Department Of State constitutes a third degree	felony as provided for in s.8)	ine juise injor <del>mation submitted in d</del> 17.155, F.S.
	////		
	Michael V	Rentow	$\frac{3-01-20/2}{Date}$
	Required Signature/Incorporator	<u></u>	Date