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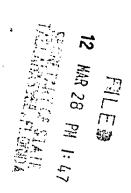
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u>-</u>			
, 1/2-1/2			
WT2-12947			

Office Use Only



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COVER LETTER

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

SUBJECT: JUANA FRONTERA C	ORP
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: JUANA FRONTERA	(Printed or typed)
18181 NE 31ST COURT	APT 2704 Address
AVENTURA FL 3316	State & Zip
305-705-0936 Daytime To	elephone number
E-mail address: (to be used	for future annual report notification)

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



March 6, 2012

JUANA FRONTERA 18181 NE 31ST COURT APT 2704 AVENTURA, FL 33160

SUBJECT: JUANA FRONTERA CORP / D/B MI DOCTORA ONLINE

Ref. Number: W12000012949

We have received your document for JUANA FRONTERA CORP / D/B MI DOCTORA ONLINE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 412A00008608

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

ARTICLE I The name of the o		DRP FILED.
	•	12 MAR 28 Du L
ARTICLE II	PRINCIPAL OFFICE Principal street address	14 15 11 11 11 11 11 11 11 11 11 11 11 11
	18181 NE 31 Court Apt 2704	CAME SAME SAME SAME SAME
		SAME INC. AND SEE THE
	Aventura FL 33160	The state of the s
ARTICLE III	PURPOSE	•
The purpose for	which the corporation is organized is:	
ANY AND A	LL BUSINESS ACTIVITIES	
ARTICLE IV	CHADEC	
The number of sh	ares of stock is: 1000 THE PAR VALUE C	F EACH SHARE OF STOCK IS \$ 1.00
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>SS</u>
Name and Address:		Name and Title:
Address.	18181 NE 31 Court Apt 2704 Aventura FL 33160	Address:
	AVEIIIIIA FL 33 100	
Name and	Fitle:	Name and Title:
Address:		Address:
Name and	Fitle:	Name and Title:
Address:		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	the registered agent is:
Name:	Juana Frontera	allo registered agent is.
Address:	18181 NE 31 Court Apt 2704	-
	Aventura FL 33160	- -
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	Juana Frontera	_
Address:	18181 NE 31 Court Apt 2704 Aventura FL 33160	-
	am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated istered agent and agree to act in this capacity
	doll	03/19/2012
	Required Signature/Registered Agent	Date
l cuhusit thin don	simple and affirm that the food stated bosoin and	true. I am aware that the false information submitted in
suomii inis aoc locument to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	irue. I am aware inai ine jaise injormation suomittea th y as provided for in s.817.155, F.S.
		03/19/2012
	Required Signature/Incorporator	Date