P12000038152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

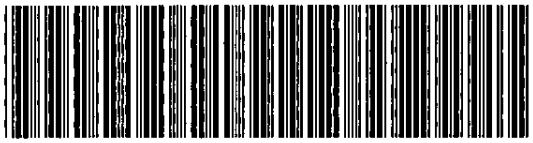
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/12--01039--008 **78.75

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12 APR 23 PM 2:41

V/H

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.117 FAX: (800) 388-0330
EMAIL: Maria@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: Thursday, April 19, 2012

FROM: MARIA SANFORD

Client Matter: #9037527/3588251

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAINES ST.
TALLAHASSEE, FL 32399

ATTN: DOCUMENT FILING DIVISION

RE: **MI SALUD, CORP.**

Enclosed is one of the following:	**(X) Articles of Incorporation**
Return request with filing:	**(1) Certified Endorsed Copy**
Return request via following:	**(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

Fax/Email a copy of the filed documents upon acceptance of filing

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:**
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040**

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):
CHECK# 104174 $78.75 (FILING FEE)

COVER LETTER

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

SUBJECT: MI SALUD, CORP.
(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: ATTORNEYS CORPORATION SERVICE (MARIA SANFORD)
Name (Printed or typed)

5668 E. 61ST STREET
Address

COMMERCE, CA 90040
City, State & Zip

800-462-5487 EXT. 117
Daytime Telephone number

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

FILED
12 APR 23 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MI SALUD, CORP.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

3301 S. OCEAN DR. STE.#1208
HOLLYWOOD, FLORIDA 33019

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

PRESIDENT
PAUL VARGAS
3301 S. OCEAN DR. STE.# 1208
HOLLYWOOD, FLORIDA 33019

SECRETARY
MARISOL MARQUEZ
3301 S. OCEAN DR. STE.#1208
HOLLYWOOD, FLORIDA 33019

TREASURER
MARTHA CASTIBLANCO
3301 S. OCEAN DR. STE.#1208
HOLLYWOOD, FLORIDA 33019

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PAUL VARGAS
3301 S. OCEAN DR. STE.#1208
HOLLYWOOD, FLORIDA 33019

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

CARMEN R. HERNANDEZ
800 E. ARROW HWY.
COVINA, CA 91722

****

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

Signature/Registered Agent — Date: 4/16/2012

Signature/Incorporator — Date: 4-16-2012