

P/2000064413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

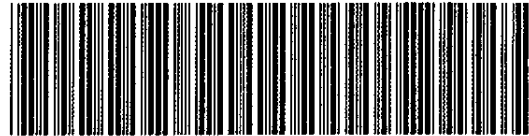
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

κ 07/24/12

## COVER LETTER

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

SUBJECT: MICNADY MEDICAL OFFICE INC.

(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: LUCKY FLORES

Name (Printed or typed)

8820 S.W. 24TH STREET

Address

MIAMI, FLORIDA 33165

City, State & Zip

786-419-0697

Daytime Telephone number

\_\_\_\_\_  
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**

The name of the corporation shall be: **MICNADY MEDICAL OFFICE INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**8820 S.W. 24 STREET**  
**MIAMI, FLORIDA 33165**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY LAWFULL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **LUCKY FLORES P**  
Address: **8820 S.W. 24TH STREET**  
**MIAMI, FLORIDA 33165**

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:

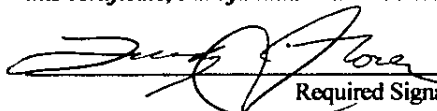
Name: **LUCKY FLORES**  
Address: **8820 S.W. 24TH STREET**  
**MIAMI, FLORIDA 33165**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

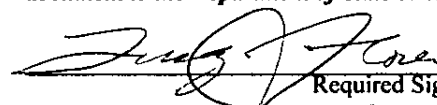
Name: **LUCKY FLORES**  
Address: **8820 S.W. 24TH STREET**  
**MIAMI, FLORIDA 33165**

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

**07/18/2012**  
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

**07/18/2012**  
Date

12 JUL 23 PM 2:56  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA