

P12000075984

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08/08/12--01008--006 **78.75

W2-41665

FILED

12 SEP -4 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FL 32301

T. Burch SEP 6 2012

COVER LETTER

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

SUBJECT: Lina Ramirez MD, P.A.

(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lina M. Ramirez Aguirre

Name (Printed or typed)

3330 N.E. 190 St. Apt. #1117

Address

Aventura, Fl. 33180

City, State & Zip

305-746-4509

Daytime Telephone number

Lmra69@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2012

LINA M. RAMIREZ AGUIRRE
3330 NE 190 ST APT 1117
AVENTURA, FL 33180

SUBJECT: LINA RAMIREZ MD, P.A.
Ref. Number: W12000041665

We have received your document for LINA RAMIREZ MD, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 612A00020655

RECEIVED
12 SEP -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME **Lina Ramirez MD, P.A.**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3330 N.E. 190 St. Apt #1117
Aventura, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To offer medical services.

ARTICLE IV SHARES **One**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lina Ramirez, MD	Name and Title: _____
Address: Director	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **Lina Ramirez**
Address: **3330 NE 190th Street**
Apt 1117 Aventura FL 33180
-33180-

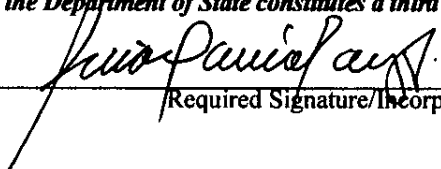
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Lina Ramirez**
Address: **3330 NE 190th Street**
Apt 1117 Aventura FL 33180

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

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/Registered Agent

8/5/12

Date

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12 SEP -4, PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA