

3/12/13

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MEDICAL ASSISTANT & MANAGING SERVICES, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED  
2013 MAR 13 AM 11:28  
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13 MAR 13 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/17  
8

**COVER LETTER**

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

**SUBJECT: MEDICAL ASSISTANT & MANAGING SERVICES, 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: YANELLE M BARINAS**

Name (Printed or typed)

**5701 NW 36 ST**

Address

**MIAMI, FL 33166**

City, State & Zip

**305-871-0889**

Daytime Telephone number

**BARINASB@GMAIL.COM**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: MEDICAL ASSISTANT & MANAGING SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

13840 SW 68TH ST  
MIAMI, FL 33183

Mailing address, if different is:

13840 SW 68TH ST  
MIAMI, FL 33183

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title:	<u>PVST</u>	Name and Title:	_____
Address	<u>GIORGELINA HANNY RAPIZZA</u>	Address:	_____
	<u>13840 SW 68TH ST</u>		_____
	<u>MIAMI, FL 33183</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FLORIDA

(cont.)

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: GIORGELINA HANNY RAPIZZA  
Address: 13840 SW 68TH ST  
MIAMI, FL 33183

**ARTICLE VII INCORPORATOR**

The ~~name and address~~ of the Incorporator is:

Name: GIORGELINA HANNY RAPIZZA  
Address: 13840 SW 68TH ST  
MIAMI, FL 33183

Having been named as registered agent to accept service of process for the above named 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

03/11/2013

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

03/11/2013

Date

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