

P13000060671

(Requestor's Name)

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Special Instructions to Filing Officer:

Office Use Only

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W13000036581



000249040210

06/24/13--01015--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 17 PM 2:07

7/22/13

COVER LETTER

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

SUBJECT: Ferrer Medical Center 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: Hermes Ferrer

Name (Printed or typed)

1552 W 37 St

Address

Hiawah FL 33012

City, State & Zip

305-587-4889

Daytime Telephone number

jca-travel@yahoo.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 17 PM 2:07

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2013

FERRER HERMES
1552 WEST 37 STREET
HIALEAH, FL 33012

SUBJECT: FERRER MEDICAL CENTER INC.
Ref. Number: W13000036581

We have received your document for FERRER MEDICAL CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 913A00017037

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 17 PM 2:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2013

FERRER HERMES
1552 WEST 37 STREET
HIALEAH, FL 33012

SUBJECT: FERRER MEDICAL CENTER INC.
Ref. Number: W13000036581

RECEIVED
13 JUL -5 PM 1:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for FERRER MEDICAL CENTER INC. 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 articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

You must list the name of the corporation in Article 1.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 513A00015887

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DIVISION OF CORPORATIONS
13 JUL 17 PM 2:07

Att: Claretha Golden.

The check was paid already.
please fix the form I
submit. the wrong form.
This corporation is not
a non-profit /

This corporation is a
Florida Profit Corporation

Aideni Gonzalez
Authr to correct
Article IV to
1 share of stock

MRS
7/22/13

RECEIVED
13 JUL 17 PM 2:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 90504

FILED
13 JUL 17 PM 2:07
SECRETARY OF STATE
DIVISION OF CORPORATION

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: Ferrer Medical center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1552 W 37 St
Hialeah FL 33012

Mailing address, if different is:

1552 W 37 St
Hialeah FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Office /
Patient medical office.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

P Name and Title: Hermes Ferrer Name and Title: _____

Address 1552 W 37 St Address: _____
Hialeah FL 33012

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATIONS
13 JUL 17 PM 2:07

(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: Hermes Ferrer

Address: 1552 W 37 St

Hiialeah FL 33012

ARTICLE VII INCORPORATOR

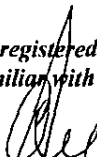
The name and address of the Incorporator is:

Name: Hermes Ferrer

Address: 1552 W 37 St

Hiialeah FL 33012

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

7/11/13
_____ 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

7/11/13
_____ Date

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DIVISION OF CORPORATIONS
13 JUL 17 PM 2: 07