

P13000085644

(Requestor's Name)

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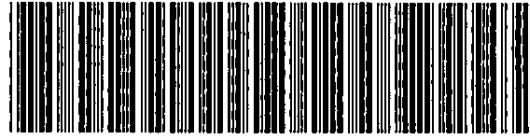
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 18 AM 11:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT 18 PM 12:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

October 8, 2013

RAMON CASTILLO, M.D.
9866 COSTA DEL SOL BLVD
DORAL, FL 33178

SUBJECT: RAMON CASTILLO, M.D., P.A.
Ref. Number: W13000055921

We have received your document for RAMON CASTILLO, M.D., 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 title "MGR" is used for limited liability companies not corporations. Please correct accordingly.

Please return 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.

Pamela Smith
Regulatory Specialist II

Letter Number: 213A00023611

COVER LETTER

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

SUBJECT: RAMON CASTILLO, M.D., 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RAMON CASTILLO, M.D.
Name (Printed or typed)

9866 COSTA DEL SOL BLVD.
Address

DORAL FLORIDA 33178
City, State & Zip

(305) 815-2007
Daytime Telephone number

RMCTMD@yahoo.com
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)

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ARTICLE I NAME

The name of the corporation shall be:

RAMON CASTILLO, M.D. P.A.

13 OCT 18 AM 11:30

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9866 COSTA DEL SOL BLVD
DORAL FLORIDA 33178

9866 COSTA DEL SOL BLVD
DORAL FLORIDA 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS

RELATED TO THE PRACTICE OF MEDICINE,

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMON CASTILLO, PRES Name and Title: _____

Address: 9866 COSTA DEL SOL BLVD Address: _____

DORAL FLORIDA 33178

Name and Title: MARIA CASTILLO, VICE PRESIDENT Name and Title: _____

Address: 9866 COSTA DEL SOL BLVD Address: _____

DORAL FLORIDA 33178

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

13 OCT 18 AM 11:30

ARTICLE VI REGISTERED AGENT

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

Name:

GREGORIO DICKSON, ESQ

Address:

11098 BISCAYNE BLVD #208
MIAMI FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

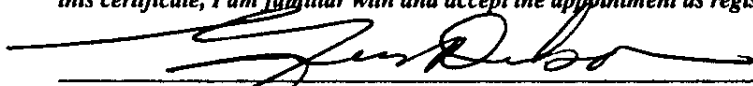
Name:

Ramon Castillo, M.D

Address:

9866 COSTA DEL SOL BLVD
DEER FLORIDA 33178

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

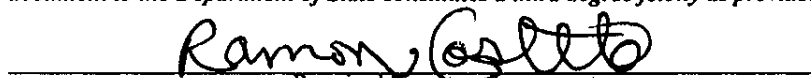


Required Signature/Registered Agent

9/28/2013

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

9/28/2013

Date