

01/31/2014 FRI 16:05 FAX

001/005

Division of Corporations

https://file.su...

scrip

lcover.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000025440 3)))



H140000254403ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : THE TAX MAN, INC.
Account Number : I19990000042
Phone : (561) 799-3810
Fax Number : (561) 799-1818

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 JAN 31 PM 1:09

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

Email Address: Manuela.SOAITA@yaho.com

FLORIDA PROFIT/NON PROFIT CORPORATION

MARIA MANUELA SOAITA M.D., P.A.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 JAN 31 PM 4:55

RECEIVED

Handwritten signature and date 02/03/14

W1410000254403

ARTICLES OF INCORPORATION
OF
MARIA MANUELA SOAITA M.D., P.A.

RECORDED
JAN 31 2014
TALLAHASSEE, FLORIDA

14 JAN 31 PM 1:09

ARTICLE I

NAME

The name of this corporation is MARIA MANUELA SOAITA M.D., P.A.

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida. She is licensed to Practice Medicine in the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

1140000254403

ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 11883 Lakeshore Place, North Palm Beach, Florida 33408, and the name of the initial registered agent at this address is Maria Manuela Soaita.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Maria Manuela Soaita

11883 Lakeshore Place
North Palm Beach, FL 33408

ARTICLE IX

FILED
14 JAN 31 PM 1:09
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

W140000284403


INCORPORATORS

The name and address of the person signing these articles of incorporation is:

Maria Manuela Soaita

11883 Lakeshore Place
North Palm Beach, FL 33408

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of
incorporation this 31st Day of January, 2014.



Maria Manuela Soaita

STATE OF FLORIDA

COUNTY OF PALM BEACH

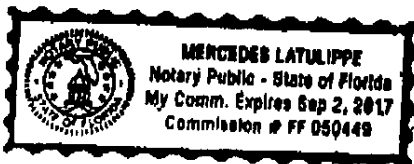
Before me, a notary public authorized to take acknowledgments in the state and county
set forth above, Maria Manuela Soaita, personally appeared, known by me to be the person who
executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state
and county aforesaid, this 31st Day of January, 2014.

{SEAL}



Notary Public



14 JAN 31 PM 1:09
TALLAHASSEE, FLORIDA

W140000354403

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA; NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST— MARIA MANUELA SOAITA M.D., P.A. DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPLE PLACE OF BUSINESS AT THE CITY OF PALM BEACH GARDENS, PALM BEACH COUNTY, STATE OF FLORIDA, HAS NAMED MARIA MANUELA SOAITA AT North Palm Beach, FL 33408, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN FLORIDA,

SIGNED M Soaita

TITLE PRESIDENT

DATE 1/31/2014

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED M Soaita

Maria Manuela Soaita
Resident Agent

DATE 1/31/2014

14 JAN 31 PM 1:09
TALLAHASSEE, FLORIDA