

P1400038011

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H140001013183ABCT

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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

14 APR 29 AM 9:50

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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
JMD GROUP INC

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

RECEIVED

14 APR 29 AM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-30-14

COVER LETTER

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

SUBJECT: JMD GROUP, 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)

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 NAMEThe name of the corporation shall be: JMD GROUP, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address267 E 49 ST
HIALEAH, FL 33013

Mailing address, if different is:

9872 PINES BLVD
PEMBROKE PINES, FL 33024**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OFFICE OF OPHTHAMOLOGISTS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARTHA C OROZCO, PTD
Address: 16337 NW 11 ST
PEMBROKE PINES, FL 33028

Name and Title: _____

Address: _____

Name and Title: JOSE M MESA, SECD
Address: 195 E 4 ST #4
HIALEAH, FL 33010

Name and Title: _____

Address: _____

Name and Title: DIEGO MESA, VPD
Address: 195 E 4 ST #4
HIALEAH, FL 33010

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 29 AM 9:50

(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: BARINAS & ASSOCIATES INC
Address: 5701 NW 36 ST
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARTHA C OROZCO
Address: 16337 NW 11 ST
PEMBROKE PINES, FL 33028

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

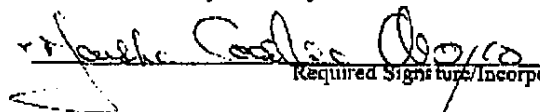


Required Signature/Registered Agent

04/28/2014

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

04/28/2014

Date