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.

(((H14000103923 3)))



H140001039233ABCX

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 : EXPRESS CORPORATE FILING SERVICE

Account Number: I2000000146

: (305)444-4994

Fax Number

: (305)444-4977

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

	- * *	
Emai!	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI MEDICAL PLAZA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

P. 002

OFFICE TARY OF THE PARTY OF T

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I NAME</u>

The name of the Corporation shall be:

MIAMI MEDICAL PLAZA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1809 BRICKELL AVE., SUITE 1010, MIAMI FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

FERNANDO J PAVON - 1809 BRICKELL AVE., SUITE 1010, MIAMI FL 33129 P\S\T

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

FERNANDO J PAVON - 1809 BRICKELL AVE., SUITE 1010, MIAMI FL 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FERNANDO J PAVON - 1809 BRICKELL AVE., SUITE 1010, MIAMI PL 33129

DIVISION OF CORL OF REST. 2014 APR 30 AM 1: 07

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

(D) Formato Paris Paris 4/30/14
Signature/Registered Agent Date

Signature/Incorporator United United