

Division of Corporations
 Florida Department of State
 Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
 BARBARA I LLANES, MD P.A.

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ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:
BARBARA I LLANES, M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5366 PALM Ave
HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose of this corporation shall be:
MEDICAL SERVICES

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
MIGUEL R LLANES
5366 PALM Ave
HIALEAH, FL 33012

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SECTION 607.01
DIVISION OF CORPORATE SERVICES

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:
MIGUEL R LLANES
5366 PALM Ave
HIALEAH, FL 33012

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:
MIGUEL R LLANES - PRESIDENT
5366 PALM Ave
HIALEAH, FL 33012

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:
MIGUEL R LLANES
5366 PALM Ave
HIALEAH, FL 33012

The undersigned has (have) executed these Articles of Incorporation this 20 day of
MAY, 2014.


Incorporator Signature

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SECRETARY
DIVISION OF CORPORATIONS

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.


REGISTERED AGENT SIGNATURE

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