

PA 000049243

Division of Corporations
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H140001291173)))



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To:

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

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN -9 PM 2:07

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
GUARI MASCARO MD PA**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



June 5, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALLSTATE MEDICAL CONSULTING, INC.

SUBJECT: GUARI MASCARO MD PA
REF: W14000034648

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The Corporation may not use both "PA" and "CORP" in the name. If the Corporation is a "PA", the purpose must be specific. If the Corporation is a "CORP", please remove "PA" from the name.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H14000129117
Letter Number: 114A00012029

P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED

14 JUN -6 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN -9 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: GUARI MASCARO CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7231 SW 24 ST

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P MASCARO, GUARI

Name and Title: _____

Address 7231 SW 24 ST

Address: _____

MIAMI, FL 33155

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: MASCARO, GUARI
Address: 7231 SW 24 ST
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MASCARO, GUARI
Address: 7231 SW 24 ST
MIAMI, FL 33155

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

05/28/14
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

05/28/14
Date
FILED
14 JUN -9 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA