

WMD 8/14

COVER LETTER

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

SUBJECT: Rafael Nogues MD, P.A.

(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: Rafael L. Nogues, MD

Name (Printed or typed)

5021 SW 87 Ave

Address

Miami, Fl 33165

City, State & Zip

305-785-0930

Daytime Telephone number

katzmeaw@comcast.net

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 NAME

The name of the corporation shall be: Rafael Nogues MD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5021 SW 87 Ave

Miami, Fl 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to practice medicine, provide
medical services

ARTICLE IV SHARES

500 shares at \$1.00 par value per share
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael L. Nogues/President

Address 5021 SW 87 Ave
Miami, Fl 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: Maria C. Nogués
Address: 5021 SW 87 Ave.
Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rafael L. Nogués, MD
Address: 5021 SW 87 Ave
Miami, FI 33165

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

Maria C. Nogués

Required Signature/Registered Agent

8/6/2014

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.

Rafael L. Nogués

Required Signature/Incorporator

8/6/2014

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA