

P14000093710

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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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) 620-2583

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

**Email Address:** \_\_\_\_\_

14 NOV 18 PM 12:01

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
14 NOV 18 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SELECT INCOME TAXES INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

1/4

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

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: SELECT INCOME TAXES INC 14 NOV 18 PM 12:00

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2529 SW 8 ST

MIAMI, FL 33135

Mailing address, if different is: SECRETARY OF STATE

5725 SW 56 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 MAGDALENO. MILAGRO

Address: 2529 SW 8 ST.

MIAMI, FL 33135

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: MILAGRO MAGDALENO  
Address: 5725 SW 56 ST  
MIAMI, FL 33155

Name: MILAGRO MAGDALENO  
Address: 5725 SW 56 ST  
MIAMI, FL 33155

Required Signature/Registered Agent \_\_\_\_\_ Date 11-13-14

Required Signature/Incorporator \_\_\_\_\_ Date 11-17-14