P15000017118

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.

(((H15000042709 3)))

H15000042709 3ABC

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 : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)620-2583

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 19 AM 11:38

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
OTERO SERVICES REPAIR CORP

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

E 02/20/15

15 FEB 19 AM 8:28

Electronic Filing Menu Corporate Filing Menu Help

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: OTERO SERVICES REPAIR CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

17360 SW 232 ST. LOT 80
MIAMI, FL 33170

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

FILED
15 FEB 19 AM 11:38
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P OTERO LEYVA, LIUBEL
Address: 17360 SW 232 ST. LOT 80
MIAMI, FL 33170

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont'd)

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: OTERO LEYVA, LIUBEL

Address: 17360 SW 232 ST. LOT 80

MIAMI, FL 33170

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 19 AM 11:38

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OTERO LEYVA, LIUBEL

Address: 17360 SW 232 ST. LOT 80

MIAMI, FL 33170

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

_____ 02-04-2015
Required Signature/Registered Agent 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.

_____ 02-04-2015
Required Signature/Incorporator Date