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

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TALLAHASSEE FLORIDA

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
ABEL VALLE M.D INC

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

15 NOV 20 PM 12:00

T. Burch NOV 23 2015

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: ABEL VALLE M.D INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
164 SE 36 TERRACE	
HOMEASTED, FL 33033	

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	P VALLE, ABEL	Name and Title:	
Address	164 SE 36 TERRACE	Address:	
	HOMEASTED, FL 33033		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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: VALLE, ABEL

Address: 164 SE 36 TERRACE

HOMEASTED, FL 33033

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALLE, ABEL

Address: 164 SE 36 TERRACE

HOMEASTED, FL 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 11/20/15

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.

_____ 11/20/15.

Required Signature/Incorporator Date