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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Miami Family ENT, 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: Robert W. Hudson, Esquire

Name (Printed or typed)

355 Alhambra Avenue, Suite 801

Address

Coral Gables, FL 33134

City, State & Zip

305-444-6628

Daytime Telephone number

rhudson@hudsoncallegja.com

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: Miami Family ENT, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7000 SW 62nd Avenue, Suite 210

South Miami, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical services in accordance with federal, local and state laws and to provide any other services permitted under applicable law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo Arango

Name and Title: President

Address 7000 SW 62 Avenue

Address:

Suite 210

South Miami, FL 33143

Name and Title: Anna Merrill Arango

Name and Title: Vice-President

Address 7000 SW 62 Avenue

Address:

Suite 210

South Miami, FL 33143

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATIONS
16 MAR 14 AM 10:20

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: Robert W. Hudson _____

Address: 355 Alhambra Circle, Suite 801 _____

Coral Gables, FL 33134 _____

ARTICLE VII INCORPORATOR

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

Name: Pablo Arango _____

Address: 7000 SW 62 Avenue, suite 201 _____

South Miami, FL 33143 _____

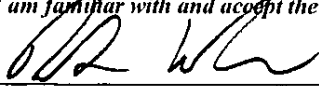
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 10, 2016 _____ (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

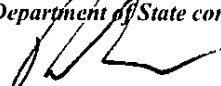


Required Signature/Registered Agent

3/10/16

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

3/10/16

Date