

# P16000077877

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.**

(((H160002361193)))



H160002361193ABC5

**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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

REC'D

16 SEP 22 PM 3:00

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

16 SEP 22 AM 9:49  
STATE OF FLORIDA  
ALLAHASSEE 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 LOCAL MD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

116151

Electronic Filing Menu

Corporate Filing Menu

Help

09/22/2016

4

H16000236119

# COVER LETTER

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

SUBJECT: LOCAL MD, INC.

(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: ERNESTO TORRES

Name (Printed or typed)

3810 WINDMILL LAKE ROAD

Address

WESTON, FL 33322

City, State & Zip

954-770-0000

Daytime Telephone number

JOINLOCALMD.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

16 SEP 22 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: LOCAL MD, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address: 3810 WINDMILL LAKE ROAD  
WESTON, FL 33322  
Mailing address, if different is: SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LEGAL MATTERS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>ERNESTO TORRES, PRESIDENT</u>	Name and Title:	_____
Address	<u>3810 WINDMILL LAKE ROAD</u>	Address:	_____
	<u>WESTON, FL 33322</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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

16 SEP 22 AM 9:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ERNESTO TORRES  
 Address: 3810 WINDMILL LAKE ROAD  
WESTON, FL 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERNESTO TORRES  
 Address: 3810 WINDMILL LAKE ROAD  
WESTON, FL 33322

**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

Ernesto V. Torres, MD 09/22/16  
 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.

Ernesto V. Torres, MD 09/22/16  
 Required Signature/Incorporator Date

61103200911