

P17000062309

(Requestor's Name)

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(City/State/Zip/Phone #)

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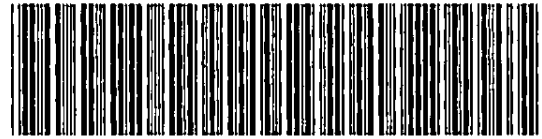
(Business Entity Name)

(Document Number)

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OFFICE OF THE CLERK  
STATE OF FLORIDA

07/24/17

## COVER LETTER

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

**SUBJECT:** MARIA ANDREINA VEGAS, M.D., 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Maria Andreina Vegas  
\_\_\_\_\_  
Name (Printed or typed)

531 Gerona Ave.  
\_\_\_\_\_  
Address

Coral Gables, FL 33146  
\_\_\_\_\_  
City, State & Zip

(708) 439-7270  
\_\_\_\_\_  
Daytime Telephone number

andreinavegas@yahoo.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**      MARIA ANDREINA VEGAS, M.D., INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address      Mailing address, if different is:  
\_\_\_\_\_  
531 Gerona Ave. \_\_\_\_\_  
\_\_\_\_\_  
Coral Gables, FL 33146 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**      To provide professional medical services and all other business  
The purpose for which the corporation is organized is: \_\_\_\_\_  
relative to same \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STATE OF FLORIDA

**ARTICLE IV SHARES**      1,000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>Maria Andreina Vegas, President</u>	Name and Title:	<u>Maria Andreina Vegas, Director</u>
Address	<u>531 Gerona Ave.</u>	Address:	<u>531 Gerona Ave.</u>
	<u>Coral Gables, FL 33146</u>		<u>Coral Gables, FL 33146</u>
	_____		_____

Name and Title:	<u>Maria Andreina Vegas, Secretary</u>	Name and Title:	_____
Address	<u>531 Gerona Ave.</u>	Address:	_____
	<u>Coral Gables, FL 33146</u>		_____
	_____		_____

Name and Title:	<u>Maria Andreina Vegas, Treasurer</u>	Name and Title:	_____
Address	<u>531 Gerona Ave.</u>	Address:	_____
	<u>Coral Gables, FL 33146</u>		_____
	_____		_____

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: Maria Andreina Vegas

Address: 531 Geron Ave.

Coral Gables, FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria Andreina Vegas

Address: 531 Geron Ave.

Coral Gables, FL 33146

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DEPARTMENT OF STATE  
CORPORATION DIVISION  
FLORIDA

**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 days prior or 90 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

07/18/2017  
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

07/18/2017  
Date