

P11000013537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

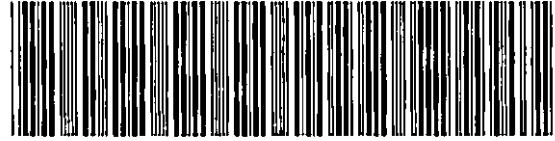
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/17--01018--012 **78.75

17 SEP - 1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: KIDNEY DOCTOR'S DIALYSIS CENTERS 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

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: VENTURA DE PAZ

Name (Printed or typed)

14750 NW 77 CT SUITE 303

Address

MIAMI LAKES FL 33016

City, State & Zip

305-298-9454

Daytime Telephone number

MAGALY786@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

The name of the corporation shall be: KIDNEY DOCTOR'S DIALYSIS CENTERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14750 NW 77 CT SUITE 303

MIAMI LAKES FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The corporation may engage in any activity or business permitted under the laws of the United State and of this State.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ventura De Paz Director

Address 14750 NW 77 CT SUITE 303

MIAMI LAKES FL 33016

40 SHARES

Name and Title: Pedro Hernandez Director

Address 14750 NW 77 CT SUITE 303

MIAMI LAKES FL 33016

40 SHARES

Name and Title: Francisco Jose Bernal Director

Address 14750 NW 77 CT SUITE 303

MIAMI LAKES FL 33016

20 SHARES

17 SEP - 1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Ventura De Paz

Address: 14750 NW 77 CT SUITE 303

MIAMI LAKES FL 33016

17-SEP-1 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ventura De Paz

Address: 14750 NW 77 CT SUITE 303

MIAMI LAKES FL 33016

ARTICLE VIII EFFECTIVE DATE:

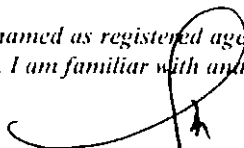
08/24/2017

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

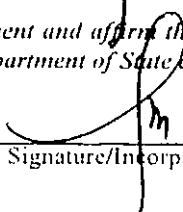


Required Signature/Registered Agent

08-24-17

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

08-24-17

Date