

2/9/2018

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ALLIED SURGICAL ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
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N. SAMS
FEB 12 2018

Electronic Filing Menu

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COVER LETTER

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

SUBJECT: ALLIED SURGICAL ASSOCIATES, 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: MARIO CABRERA

Name (Printed or typed)

9400 SW 95 COURT

Address

MIAMI, FL 33176

City, State & Zip

786-252-2921

Daytime Telephone number

MDCDVM@HOTMAIL.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: ALLIED SURGICAL ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9400 SW 95 COURT
MIAMI, FL 33176

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: MARIO CABRERA, PRESIDENT

Address: 9400 SW 95 COURT
MIAMI, FL 33176

Name and Title: ROBERT FERNAND, VICE PRES.

Address: 1231 NE 85 STREET
MIAMI, FL 33138

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
18 FEB -9 PM 3:45
CLERK OF DISTRICT COURT
MIAMI, 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: MARIO CABRERA
 Address: 9400 SW 95 COURT
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARIO CABRERA
 Address: 9400 SW 95 COURT
MIAMI, FL 33176

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 on 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.

✓ [Signature]
 Required Signature/Registered Agent

2/9/18
 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.

✓ [Signature]
 Required Signature/Incorporator

2/9/18
 Date

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