

PI8000085400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

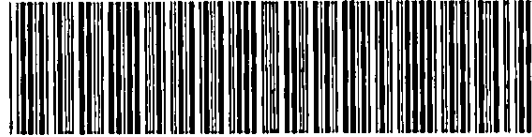
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FILED  
DIVISION OF CORPORATIONS  
OCT 17 AM 10:21

C RICO  
OCT 17 2018

## COVER LETTER

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

**SUBJECT:** NOEMI RIVERA MD PA

(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:** PEDRO PAREDES

Name (Printed or typed)

9221 CRESCENT DRIVE

Address

MIRAMAR FLORIDA 33025

City, State & Zip

(954) 392-8669

Daytime Telephone number

FPYSERVICES@COMCAST.NET

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

18 OCT 17 AM 10:21  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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: NOEMI RIVERA MD PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12417 NW 17 MANOR

PEMBROKE PINES, FL 33028

Mailing address, if different is:

12417 NW 17 MANOR

PEMBROKE PINES FL 33028

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PHYSICIAN SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: NOEMI RIVERA - PRESIDENT

Address

12417 NW 17 MANOR

PEMBROKE PINES FL 33028

Name and Title: NOEMI RIVERA - TR/SEC

Address:

12417 NW 17 MANOR

PEMBROKE PINES FL 33028

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

Address

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

Address: \_\_\_\_\_

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

Address

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

Address: \_\_\_\_\_

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: NOEMI RIVERA MD

Address: 12417 NW 17 MANOR

PEMBROKE PINES FL 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NOEMI RIVERA MD

Address: 12417 NW 17 MANOR

PEMBROKE PINES FL 33028

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SECTION OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 17 AM 10:21

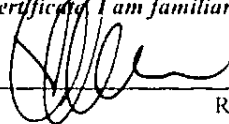
**ARTICLE VIII EFFECTIVE DATE:**

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

10/07/2018

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

10/07/2018

Date