

P19000095627

(Requestor's Name)

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(City/State/Zip/Phone #)

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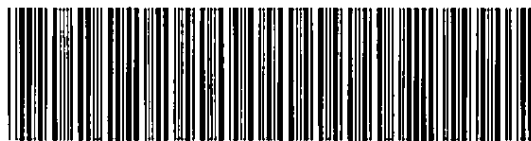
(Business Entity Name)

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October 23, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

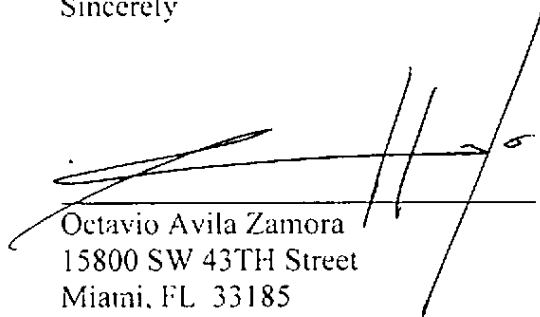
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TALLAHASSEE

Ref: Company : OCTAVIO AVILA ZAMORA MD PA
Document # : P15000072155

I, Octavio Avila Zamora, President of Octavio Avila Zamora MD PA, Florida State Document # P15000072155, With the present I certified my no intention of revoking the Admin Dissolution on September 27, 2019. Therefore releasing the name for use to another entity.

If you have any question about this letter, please do not hesitate to contact me .

Sincerely



Octavio Avila Zamora
15800 SW 43TH Street
Miami, FL 33185
(786) 202-5101

COVER LETTER

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

SUBJECT: OCTAVIO AVILA ZAMORA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: OCTAVIO AVILA ZAMORA MD PA

Name (Printed or typed)

15800 S.W. 43th STREET

Address

MIAMI, FLORIDA 33185

City, State & Zip

(786)202-5101

Daytime Telephone number

octavioavilazmd@gmail.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

OCTAVIO AVILA ZAMORA MD PA
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

15800 SW 43th STREET

MIAMI, FLORIDA 33185

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1600

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OCTAVIO AVILA ZAMORA MD - P

Name and Title: ZUZEL E CARDET IBARRA - VP

Address 15800 SW 43th STREET

Address: 15800 SW 43th STREET

MIAMI, FL 33185

MIAMI, FL 33185

Name and Title: OCTAVIO AVILA ZAMORA MD -TR

Name and Title: ZUZEL E CARDET IBARRA - VP

Address 15800 SW 43th STREET

Address: 15800 SW 43th STREET

MIAMI, FL 33185

MIAMI, FL 33185

Name and Title: _____

Name and Title: _____

Address _____

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: OCTAVIO AVILA ZAMORA , MD

Address: 15800 SW 43th STREET

MIAMI, FL 33185

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TALLAHASSEE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OCTAVIO AVILA ZAMORA, MD

Address: 15800 SW 43th STREET

MIAMI, FL 33185

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

10/23/2019

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

10/23/2019

Date