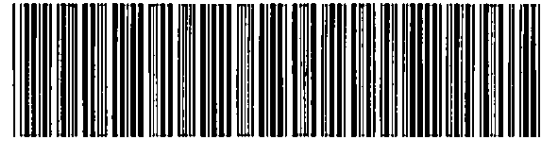


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09/24/19--01006--015 **122.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
6110
360
691

W19-89354

Office Use Only

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2019

RODOLFO BINKER
6700 SW 21 ST
MIAMI, FL 33155

SUBJECT: RODOLFO BINKER, M.D., P.A.
Ref. Number: W19000089354

We have received your document for RODOLFO BINKER, M.D., P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.
Re: Document Number W19000089354

The Articles of Correction for RODOLFO BINKER, M.D., P.A., a Florida corporation, were filed on September 24, 2019.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Keyna E Page
Regulatory Specialist II
Division of Corporations

Letter Number: 319A00020606

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 319A00020606

I, Rodolfo Binker, am the owner of RODOLFO BINKER M.D. LLC, with the document number of L18000136001. Please push through with the new filing, Rodolfo Binker MD, PA, with the document number of W19000089354.

Thank you,

Rodolfo Binker

2/11/2014 10:14:14

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Rodolfo Binker, M.D., P.A. (Document Number P06000077498)

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Rodolfo Binker

Contact Person

Rodolfo Binker MD PA

Firm/Company

6700 SW 21 ST

Address

Miami, FL 33155

City, State and Zip Code

rbinker@binkermd.com

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

For further information concerning this matter, please call:

Rudy Binker

at (305) 409-8481

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Rodolfo Binker M.D., P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6700 SW 21st ST
Miami, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit Corporation

Medical Doctor

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Rodolfo Binker MD / Officer

Name and Title:

Name and Title:

Address

Address:

6700 SW 21 ST
Miami, FL 33155

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Rodolfo Binker

Address: 6700 SW 21 ST

Miami, FL 33155

ARTICLE VII INCORPORATOR

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

Name: Rodolfo Binker

Address: 6700 SW 21 ST

Miami, FL 33155

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 19 NOV 21 PM 12:09
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 TALLAHASSEE, FLORIDA

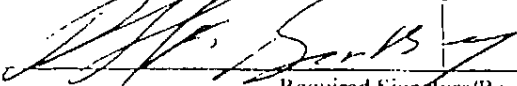
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

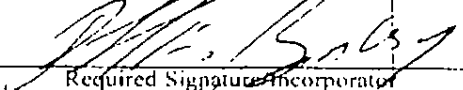
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 10/19/2019
 Required Signature/Registered Agent 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.

 10/19/2019
 Required Signature/Incorporator Date