

Shop

# P19000008550

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## FLORIDA PROFIT/NON PROFIT CORPORATION BLLANES MD CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:B Llanes MD CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

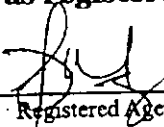
498 E 42 STHialeah, FL 33013**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Barbara Llanes(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Barbara Llanes498 E 42 STHialeah FL 33013**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Barbara Llanes498 E 42 STHialeah, FL 33013

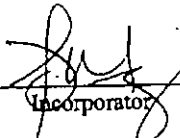
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

11/27/19  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

11/27/19  
\_\_\_\_\_  
Date