

P98000015902

Requestor's Name

Address

KEVIN ROBINSON, MD.
9526 NE. 2nd AVE Suite 102
Miami Shores, FL 33138

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Kevin L. Robinson, MD, PA
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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98 FEB 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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****122.50 ****122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

TRM-2/18/98

ARTICLES OF INCORPORATION
Professional Association

Of

Kevin L. Robinson, MD, PA

I the undersigned, being of legal age and a natural person, do hereby acknowledge and file the following Articles of Incorporation for the purpose of creating a Professional Association under the laws of the State of Florida.

ARTICLE I

The name of the Professional Association shall be:

Kevin L. Robinson, MD, PA

ARTICLE II – DURATION

This Professional Association shall commence its existence immediately upon filing these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

ARTICLE III - PURPOSE

This Professional Association will engage in the practice of a Medical Practice. Under Charter numbers 607 & 621.

ARTICLE IV – CAPITAL STOCK

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value</u>	<u>Class of Stock</u>
1,000	\$1.00	Voting Common

**ARTICLE V – INITIAL BOARD
OF DIRECTORS**

This Professional Association shall have one initial director. The number of directors may either increase or diminish from time to time by the bylaws but shall never be less than one. The names and addresses of the initial directors is:

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Name of Director

Dr Kevin L Robinson

Address of Director

9526 NE 2 Avenue Suite 102
Miami, Fl. 33138

ARTICLE VI - INCOPORATOR

The name and address of the person signing these Articles is:

Name of Director

Dr Kevin L Robinson

Address

9526 NE 2 Avenue Suite 102
Miami, Fl. 33138

ARTICLE VII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation, This 11th day of February 1998.


Incorporator

STATE OF FLORIDA)

) SS

COUNTY OF DADE)

Before me, The undersigned authority, personally appeared, Dr Kevin L Robinson, to be known to be the person described in and who executed the forgoing Articles of Incorporation, who, after being duly sworn under oath, acknowledge before me that he executed the same for the purpose herein expressed.

WITNESS my hand and official seal in the State of Florida and County aforementioned this ____th day of February 1998.


NOTARY PUBLIC, STATE OF FLORIDA



CERTIFICATE DESIGNATING REGISTERED
AGENT AND ACCEPTANCE OF REGISTERED
AGENT OF DESIGNATION

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

FIRST: That Kevin L. Robinson, MD, PA is qualified to do business under the laws of the State of Florida with it's principle office at 9526 NE 2 Avenue Suite 102, Miami Fl. 33138, and has appointed:

Dr Kevin L. Robinson, at 9526 NE 2 Avenue Suite 102, Miami Fl. 33138 as it's agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at a place designated in this certificate, I hereby accept to the act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

BY: _____

Dr. Kevin L. Robinson
Registered Agent

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