P99000071079

TRANSMITTAL LETTER

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

300002928823--7
-07/12/99--01108--008
*****78.75 *****78.75

SUBJECT: Carlos M. Barrera-Valdivia M.D., P.A.
(Proposed corporate name - must include suffix)

Enclosed is 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: Carlos M Barrera Valdivia M.D.
Name (Printed or typed)

5799 SW 8 Street
Address

Miami, Fl. 33144
City, State & Zip

(305) 246-8963
Daytime Telephone number

FILED
99 AUG 10 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/11
Notified client of clarification of Article VI.
KR

K. Rollie AUG 1 1 1999

GAVE AUTHORIZATION BY PHONE TO
CORRECT Aupree
DATE 7-20-99
DOC. EXAM CR

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 20, 1999

CARLOS M. BARRERA-VALDIVIA M.D.
5799 S.W. 8 STREET
MIAMI, FL 33144

SUBJECT: CARLOS M. BARRERA-VALDIVIA M.D., P.A.
Ref. Number: W99000016710

We have received your document for CARLOS M. BARRERA-VALDIVIA M.D., P.A. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The specific nature of business of the professional association must be stated in the document. Medical Office

I called and left my name and telephone number but I never received a return call. We called several times but there was no answer

Please return the original and one copy of 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) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 499A00037161

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
99 AUG 10 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Carlos M. Barrera-Valdivia, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5799 SW 8th Street, Miami, Fl 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Carlos M. Barrera-Valdivia MD.
5799 SW 8th St., Miami, Fl 33144

ARTICLE V INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are:

Carlos M Barrera-Valdivia MD.
5799 SW 8th St, Miami, Fl 33144

Carlos M. Barrera Valdivia MD — 7/10/99

Signature/Incorporator — **Date**

ARTICLE VI PURPOSE

The specific purpose of this corporation is a medical practice.

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Carlos M. Barrera Valdivia MD. — 7/10/99

Signature/Registered Agent — **Date**