

P2000000019
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 BIARDA VILLAVERDE, MD, PA**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 09 |
| Estimated Charge | \$78.75 |

SECRETARY OF STATE
 TALLAHASSEE, FL

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Handwritten initials

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

BIARDA VILLAVERDE MD, PA

of Document # P13000092479

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

BIARDA VILLAVERDE
(President)

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

BIARDA VILLAVERDE, MD, PA

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

19001 NE 2ND AVE #1401

MIAMI FL 33179

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

BIARDA VILLAVERDE P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

BIARDA VILLAVERDE

19001 NE 2ND AVE #1401

MIAMI, FL 33179

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

BIARDA VILLAVERDE

19001 NE 2ND AVE #1401

MIAMI FL 33179

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ARTICLE VII : PURPOSE : MEDICAL PRACTICE

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 | 01/30/2020 _____ 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 | 01/30/2020 _____ Date |
|---|-----------------------------|

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