

P21000026612

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

SECOND REQUEST

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((H21000120763 3))



H210001207633ABCW

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FLORIDA PROFIT/NON PROFIT CORPORATION
The Cure IV Florida P.A.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

21 MAR 25 AM 8:15

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CORPORATIONS
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COVER LETTER

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

SUBJECT: The Cure IV Florida P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Cheyenne Moseley, Legalzoom.com, Inc.
Name (Printed or typed)
101 N. Brand Blvd., 11th Floor
Address
Glendale, CA 91203
City, State & Zip
323-962-8600 ext. 7625
Daytime Telephone number
onlinefilings@Legalzoom.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The Cure IV Florida P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1680 Michigan Ave Suite 700

Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health care - Licensed Nurse Practitioner

21 MAR 2021 11:11:26

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Crystal Uribe, PTSD	Name and Title:	
	1680 Michigan Ave Suite 700	Address:	
	Miami Beach, FL 33139		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

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: Alexander Wendell

Address: 1580 Michigan Ave Suite 700
Miami Beach, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.

Address: 101 N. Brand Blvd., 11th Floor
Glendale, CA 91203

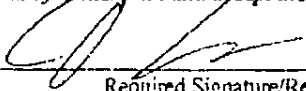
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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

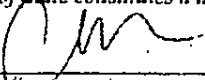


Required Signature/Registered Agent

2/9/2020

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.



Required Signature/Incorporator

02/12/2021

Date

Cheyenne Moseley, Assistant
Secretary, LegalZoom.com, Inc.



MQA Online Services

Logged in as **Surjo, Crystal**
[Update Account](#) | [Logout](#) | [Contact Us](#)

My Dashboard

Important information about your dashboard:

- When your profession opens for renewal a "Renew My License" option will become available no later than 90 days prior to your license expiration date. If you do not see the "Renew My License" option, please check back later.
 - If you are trying to reactivate from an inactive or a retired status, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3, Florida Statutes. Please contact your board office for more information.
 - If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under "Manage My License."
 - If you have not yet added your license to your account, you can do this by selecting the "Add My License or Previous Application" option under the "Additional Activities" section below.
- To begin, choose an option then hit the "Select" button. You will return to this dashboard after you have finished.

Manage My License

Advanced Practice Registered Nurse
#11011117

Choose an Application

Select

Additional License Information

License Number: #11011117 [Show Details](#)

License Type: Advanced Practice Registered Nurse

License Information

License Number: #9548831 [Show Details](#)

License Type: Registered Nurse