

P23000076818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

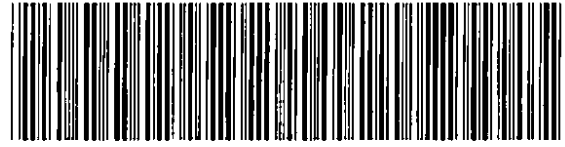
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: JOHN EDUARDO CANAS RODRIGUEZ MD PA
(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: MARIA E RUIZ
Name (Printed or typed)

7750 SW 117TH STREET SUITE 203
Address

MIAMI FLORIDA 33183
City, State & Zip

305 595-2407
Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: JOHN EDUARDO CANAS RODRIGUEZ MD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15550 SW 80TH STREET APT E203

MIAMI, FLORIDA 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Doctor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN E CANAS RODRIGUEZ, PRES

Name and Title: GLENDIA R BARROS FAWCETT, VP

Address: 15550 SW 80TH STREET APT E203

Address: 15550 SW 80TH STREET APT E203

MIAMI, FLORIDA 33193

MIAMI FLORIDA 33193

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: JOHN EDUARDO CANAS RODRIGUEZ
 Address: 15550 SW 80TH STREET APT E203
MIAMI, FLORIDA 33033193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN EDUARDO CANAS RODRIGUEZ
 Address: 15550 SW 80TH STREET APT E203
MIAMI, FLORIDA 33193

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2023 (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

John E. Canas _____ 10/01/2023
 Required Signature/Registered Agent 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.

John E. Canas _____ 10/01/2023
 Required Signature/Incorporator Date

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