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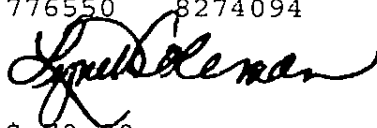
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 776550 8274094

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : May 22, 2019

ORDER TIME : 8:50 AM

ORDER NO. : 776550-005

CUSTOMER NO: 8274094

DOMESTIC FILING

NAME: AMERICAN ASSOCIATION OF
CIVIL SURGEONS, INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: AMERICAN ASSOCIATION OF CIVIL SURGEONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
385 Alhambra Circle, Suite B

Mailing address, if different is:

Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We represent thousands of Civil Surgeons who perform medical exams for the Government.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the Majority of the active board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Efrain Arroyave, MD, Director

Address: 385 Alhambra Circle, Suite B

Coral Gables, FL 33134

Name and Title: Cali Victoria Arroyave, JD, Director

Address: 10201 SW 125 Street

Miami, FL 33176

Name and Title:

Address:

Name and Title: Peter Okubo, CRNA, Director

Address: 10851 SW 30 Place

Davie, FL 33328

Name and Title:

Address:

Name and Title:

Address:

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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: ~~Craig Dean, JD~~ Roben Arroyave
 Address: ~~9130 S. Dadeland, Suite 1500~~ 10201 SW 125 ST
Miami, FL 33156-33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Efrain Arroyave, MD
 Address: 385 Alhambra Circle Suite B
Coral Gables, FL 33134

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 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.

By: [Signature]
 Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
 Required Signature of Incorporator

FILED
 MAY 24 2019
 AM 10:48
 05-24-19
 Date