

7/25/12

PR000065592

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ganqa@cpasandtaxes.com

FLORIDA PROFIT/NON PROFIT CORPORATION**Mojo Internal Medicine, P.A.**

Certificate of Status	1
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July 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HURCO

SUBJECT: MOJO INTERNAL MEDICINE, P.A.
REF: W12000039416

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Mojo Internal Medicine, P.A.

ARTICLE II PRINCIPAL OFFICE

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

551 Lakewood Drive
Oldsmar, FL 34677

ARTICLE III SHARES

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

200 Shares at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: Medicine

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Monal Joshi
551 Lakewood Drive
Oldsmar, FL 34677

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(arc):

Monal Joshi - President/Director
551 Lakewood Drive, Oldsmar, FL 34677

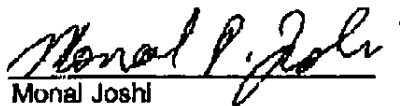
ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(arc):

Monal Joshi
551 Lakewood Drive, Oldsmar, FL 34677

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of July 20 12


Monal Joshi
SIGNATURE

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CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO
FLORIDA

H12000190497

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Mojo Internal Medicine, P.A.

2. The name and address of the registered agent and office is:

Monal Joshi _____
Name

551 Lakewood Drive _____
(P.O. Box or Mail Drop Box NOT Acceptable)

Oldsmar, FL 34677 _____
(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Monal P. Joshi
Monal Joshi
SIGNATURE

07/24/2012 _____
(Date)

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CORPORATION
STATE OF FLORIDA

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