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Florida Department of State
Division of Corporations
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To: Division of Corporations
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DIVISION OF CORPORATIONS
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PETER ERIGOYEN M.D. P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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9/12

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: PETER ERIGOYEN M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2489 N.W. 7TH STREET

MIAMI, FL. 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDUCT ALL LEGAL BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER ERIGOYEN M.D. PRESIDENT

Name and Title: _____

Address: 2489 N.W. 7TH STREET

Address: _____

MIAMI, FL. 33125

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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(cont.)

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: PETER ERIGOYEN M.D.
Address: 2489 N.W. 7TH STREET
MIAMI, FL. 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER ERIGOYEN M.D.
Address: 2489 N.W. 7TH STREET
MIAMI, FL. 33125

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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

P. Erigoyen
Required Signature/Registered Agent

9-11-13
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.

P. Erigoyen
Required Signature/Incorporator

9-11-13
Date