

09/25/2031 03:32

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BIARDA VILLASVERDE, MD, PA.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

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:

BIARDA VILLAVERDE, MD, PA.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

19001 NE 2nd Ave #1401MIAMI FL 33179**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Practice**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

BIARDA VILLAVERDE

Name and Title:

Address

19001 NE 2nd AVE #1401

Address:

MIAMI FL 33179PRESIDENT.

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BIARDA VILLAVERDE
Address: 19001 NE 2nd AVE #1401
MIAMI FL 33179

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BIARDA VILLAVERDE
Address: 19001 NE 2nd AVE #1401
MIAMI FL 33179

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 I agree to act in this capacity

x B Villaverde

Required Signature/Registered Agent

11/13/13
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.

x B Villaverde

Required Signature/Incorporator

11/13/13
Date

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