

22:5
#3718 P.001/003
H140001069423ABC

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000106942 3)))



H140001069423ABC.

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTH FLORIDA PIP ADVOCATES, P.A.**

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

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#3718 P.002/003

ARTICLES OF INCORPORATION

114000100942

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

ARTICLE I NAME

The name of the corporation shall be: SOUTH FLORIDA PIP ADVOCATES, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1330 SW 99TH AVE.

SAME

MIAMI, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A LAW OFFICE

TO REPRESENT MEDICAL

PROVIDERS IN P.I.P. MATTERS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO URIARTE Name and Title:

Address: 1330 SW 99TH AVE Address:

MIAMI, FL 33174

PRESIDENT

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

H14000106942 (cont.)

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: ALEJANDRO URIARTE
Address: 1330 SW 99TH AVE
MIAMI, FL 33174

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALEJANDRO URIARTE
Address: 1330 SW 99TH AVE.
MIAMI, FL 33174

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

X [Signature]
Required Signature/Registered Agent

5/5/14
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 [Signature]
Required Signature/Incorporator

5/5/14
Date
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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