

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FERNANDEZ GONZALEZ MD; PA**

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

MD 10/6

14 OCT -3 PM 12:08

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**ARTICLES OF INCORPORATION
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

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ARTICLE I NAME

The name of the corporation shall be:

Fernandez Gonzalez MD; PA

ARTICLE II PRINCIPAL OFFICE

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

4790 NW 7 ST
Suite 212
MIAMI FL 33126

ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEDICAL PRACTICE

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MANUEL ANTONIO Fernandez-Gonzalez
4790 NW 7 ST
Suite 212
MIAMI FL 33126

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

MANUEL Antonio Fernandez - Gonzalez (VP) 25%
LIDIA Rodriguez (P) 75%

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

25% MANUEL Antonio Fernandez - Gonzalez
VP \rightarrow
LIDIA Rodriguez (P) 75%

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MANUEL Antonio Fernandez - Gonzalez -
LIDIA Rodriguez
4790 NW 7 St
Suite 212
MIAMI FL 33126

The undersigned has (have) executed these Articles of Incorporation this 03 day of
October, 2014.


Incorporator Signature

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08/14/2032 08:01

#2742 P.004/004

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

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.


REGISTERED AGENT SIGNATURE

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