P14000083738

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000236769 3)))

H14000236769 3ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

14 OCT -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
ROLANDO ALVAREZ M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

RECEIVED
14 OCT -9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Rolando Alvarez M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9522 Equus Circle
Boynton Beach, Florida 33472

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Age Management Medicine Practice

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rolando Alvarez
Address: 9522 Equus Circle, Boynton Beach, Florida 33472

Name and Title: President
Address:

Name and Title: Rolando Alvarez
Address: 9522 Equus Circle, Boynton Beach, Florida 33472

Name and Title: Vice President
Address:

Name and Title: Rolando Alvarez
Address: 9522 Equus Circle, Boynton Beach, Florida 33472

Name and Title: Sect.
Address:

14 OCT -9 AM 11:09

(cont.)

Name and Title: Rolando Alvarez

Address: 9522 Equus Circle
Boynton Beach
Florida 33472

Name and Title: Treasure

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Luis G. Brito

Address: 407 Lincoln Road, # 9A
Miami Beach, Florida 33139

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rolando Alvarez

Address: 9522 Equus Circle
Boynton Beach, Fl.33472

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

Required Signature/Registered Agent — Date: 10/7/14

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.

Required Signature/Incorporator — Date: 10/4/14

14 OCT -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA