

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.

(((H14000258188 3)))

EFFECTIVE DATE /-/S



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	Division of Co	rp	orations	<u> </u>	Ċn :
	Fax Number	-	(850) 617-6381		T
From:					<u></u>
	Account Name	:	EXPRESS CORPORATE FILIN	G SERVI	CKDINC
•	Account Number	:	120000000146	(II) * · ·	0
	Phone	:	(305) 444-4994	-	
	Fax Number	:	(305) 444-4977		
			business entity to be used only one email address		
Email Addre	ss:				

## FLORIDA PROFIT/NON PROFIT CORPORATION MARIA L. FUNDORA CABRERA, DPM, PA

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

14 HOV -5 PM I2: 20
SECHETARY OF STATE
TALL ARRANGE PLABIN.

NOV 6 2014

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

The name of the corpora	TE MARIA L. FUNDO	RA CABRERA, DI	PM, PA
article ii - pri 4990 SW 16 MIRAMAR,	NCIPAL OFFICE Principal street address S5th AVE		ddress, if different is:
ARTICLE III PUR		ric Medicine &	Surgeny
me nature	oi business is: Podiat	no Medicine &	Surgery
			>:: <u>-</u>
RTICLE IV SHA	RES SHARES: 100		NOV -5 PM
	<u>'IAL OFFICERS AND/OR DIRECTOR</u> Maria L. Fundora Cabrera (P/S/D)	<del></del>	
Name and Title	4990 SW 165th Ave.	Name and Title:	<u> </u>
		Address:	
	Miramar, FL 33027	Address:	
Name and Title			
Name and Title:	Miramar, FL 33027	Name and Title:	
Address	Miramar, FL 33027	Name and Title:	

(conti.)

Name and	Title:	Name and Title:
Address		Address:
	•	
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Maria L. Fundora Cabrera	
Address:	4990 SW 165th Ave.	
	Miramar, FL 33027	
		•
ARTICLE VII	INCORPORATOR	•
The name and add	iress of the incorporator is:	Article VII - Effective Date
Name:	Maria L. Fundora Cabrera	January 01, 2015
Address:	4990 SW 165th Ave.	
	Miramar, FL 33027	
this certificate, I a	m familiar with and accept the appointment as reg	. ,
,	Required Signature/Registered Agent	Dâte
	ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony	true. I am aware that the false information submitted in
Man A	I Finder Calster	
	Required Signature/Incorporator	/ Date