

**Florida Department of
Division of Corporations
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SUIJIN SHERMAN PA-C, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

MAR 11 2015

T. SCOTT

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ARTICLES OF INCORPORATION

OF

SUIJIN SHERMAN PA-C, P.A.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SUIJIN SHERMAN PA-C, P.A.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate
name: THE SPECIFIC NATURE OF BUSINESS IS: PHYSICIAN ASSISTANT

SUIJIN SHERMAN PA-C, P.A.

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**SUIJIN SHERMAN
3540 SW 145TH AVE
MIRAMAR, FL 33027**

The principal office shall be:

**3540 SW 145TH AVE
MIRAMAR, FL 33027**

H/15 0000 477793.

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the persons who is to serve as an initial director is:

SUIJIN SHERMAN
3540 SW 145TH AVE
MIRAMAR, FL 33027

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

SUIJIN SHERMAN
3540 SW 145TH AVE
MIRAMAR, FL 33027

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this February 20, 2015


SUIJIN SHERMAN

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

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

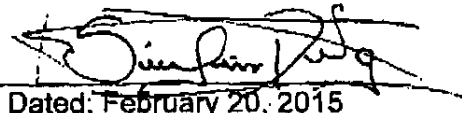
SUIJIN SHERMAN PA-C, P.A

2. The Name and Address of the registered agent and office is

**SUIJIN SHERMAN
3540 SW 145TH AVE
MIRAMAR, FL 33027**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT 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.

SIGNATURE


Dated: February 20, 2015

03/10/2015 15:54
850-617-6381

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CLARA GIRALDO P.A.
2/25/2015 5:19:51 PM PAGE 1/001 Fax Server

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February 25, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLARA GIRALDO, P.A.

SUBJECT: SUIJIN SHERMAN PA-C, P.A.
REF: W15000013909

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

Please remove any and all lawful business from purpose statement.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H15000047779
Letter Number: 715A00003092

P.O BOX 6327 - Tallahassee, Florida 32314