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**FLORIDA PROFIT/NON PROFIT CORPORATION
DR MANUEL A FERNANDEZ, PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
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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

ARTICLE I NAME

The name of the corporation shall be:

DR MANUEL A FERNANDEZ, PA

ARTICLE II PRINCIPAL OFFICE

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

5555 COLLINS AVE APT 125
MIAMI BEACH, FL 33140

ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEDICAL

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:

JOSE R DUENAS
5555 COLLINS AVE APT 125
MIAMI, FL 33140

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ARTICLE VI BOARD OF DIRECTOR (S)

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

MANUEL A FERNANDEZ - BONZA/ER
5555 COLLINS AVE Apt 125
Miami Beach FL 33140

ARTICLE VII OFFICER (S)

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

MANUEL A FERNANDEZ - BONZA/ER
5555 COLLINS AVE Apt 125
Miami Beach FL 33140

ARTICLE VIII INCORPORATOR (S)

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

JOSE R DUENAS
555 COLLINS AVE Apt 125
Miami Beach FL 33140

The undersigned has (have) executed these Articles of Incorporation this 2 day of
October, 20 15.


Incorporator Signature

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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.

A handwritten signature in cursive script, appearing to read "Jon R. [unclear]", is written over a horizontal line.

REGISTERED AGENT SIGNATURE