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(Business Entity Name)

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Capital Nephrology Clinic, PA  
(PROPOSED CORPORATE NAME MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Frank Bong  
Name (Printed or typed)

3116 Capital Circle NE #3  
Address

Tallahassee FL 32308  
City, State & Zip

850-668-4925  
Daytime Telephone number

frank@verygoodcpa.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Capital Nephrology Clinic PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1129 Sandler Ridge Rd.  
Tallahassee FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal purpose  
Doctor office.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hiren J. Joshi president Name and Title: \_\_\_\_\_

Address: 1129 Sandler Ridge Rd Address: \_\_\_\_\_  
Tallahassee FL 32317

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

16 MAR 14 PM 3:07  
TALLAHASSEE, FL  
STATE OF FLORIDA

ARTICLE  
1000

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Frank Rong CRA  
Address: 316 Capital Circle NE #3  
Tallahassee FL 32308

**ARTICLE VII INCORPORATOR**

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

Name: Hiren J. Joshi  
Address: 1129 Sandler Ridge Rd.  
Tallahassee FL 32317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/10/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

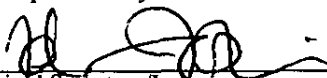
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/10/16  
Date

*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

3/10/16  
Date