

08/22/2016 14:12

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LAZARUS

P 01/03

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H16000202572 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION

Dr MANUEL.FERNANDEZ.PA

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AUG 23 2016

T. SCOTT

 16 AUG 22 AM 10:01
 DIVISION OF CORPORATIONS
 305-552-5973

08/22/2016 14:12

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LAZARUS

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

H16000202572

ARTICLE I NAME: The name of the corporation is:

Dr. Manuel FERNANDEZ, PA.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

913 SW 87 Ave
Miami FL 33174

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Niurka Almeida Velazquez. (P)

ARTICLE V PURPOSE
MEDICAL PRACTICE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

NIURKA ALMEIDA VELAZQUEZ
913 SW 87 AVE
MIAMI FL 33174

ARTICLE VII INCORPORATOR: The name and address of the Incorporator is:

NIURKA ALMEIDA VELAZQUEZ
913 SW 87 AVE
MIAMI FL 33174

16 AUG 22 AM 10:01

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION DIVISION

H16000202572

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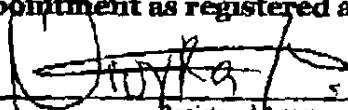
LAZARUS

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Required Signatures:

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

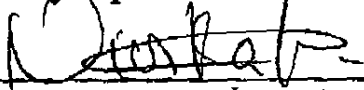


Registered Agent

8-16-16

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.



Incorporator

8-16-16

Date

H16000202572