

P16000069346

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000209072 3)))



H160002090723ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
16 AUG 23 PM 4:59
STATE
TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
16 AUG 23 PM 2:56
TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
FERNANDEZ PODIATRY INC

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

08-24-16

H 16000209072

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Fernandez Podiatry Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

730 SE 8th Street. Hialeah, FL 33010

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

16 AUG 23 PM 1:59

FILED

ARTICLE III SHARES: The number of shares of stock is: 1

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Diamelys Fernandez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Diamelys Fernandez/ 3020 SW 130 Ave, Miami, FL 33175

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

Diamelys Fernandez

3020 SW 130 AVE

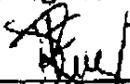
Miami FL 33175

H 16000209072

H16000209072

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

 <hr/> Registered Agent	8/22/14 <hr/> 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.

 <hr/> Incorporator	8/22/14 <hr/> Date
---	-----------------------

FILED
16 AUG 23 PM 4: 59
DEPT. OF STATE
TALLAHASSEE, FLORIDA

H16000209072