

**Electronic Articles of Incorporation
For**

P16000087112
FILED
September 27, 2016
Sec. Of State
adunlap

ERES SOUTH FLORIDA PLASTIC SURGERY INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

ERES SOUTH FLORIDA PLASTIC SURGERY INC

Article II

The principal place of business address:

1738 W 49 ST
SUITE 9
HIALEAH, FL. US 33012

The mailing address of the corporation is:

1738 W 49 ST
SUITE 9
HIALEAH, . 33012

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

YARIEL GONZALEZ
1738 W 49 ST
SUITE 9
HIALEAH, FL. 33012

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: YARIEL GONZALEZ

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Article VI

The name and address of the incorporator is:

YARIEL GONZALEZ
1738 W 49 ST SUITE 9

HIALEAH,FLORIDA 33012

Electronic Signature of Incorporator: YARIEL GONZALEZ

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
YARIEL GONZALEZ
1738 W 49 ST SUITE 9
HIALEAH, FL. 33012 US

Article VIII

The effective date for this corporation shall be:

09/27/2016

P16000087112

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared **ESTRELLA ROJAS**, who being by me first duly sworn, on oath, depose(s) and say(s):

1. My name is **ESTRELLA ROJAS**, I am over 18 years of age, and I make the statements in this *Affidavit* from personal knowledge.
2. I am the President and Owner of ERES SOUTH FLORIDA PLASTIC SURGERY, INC. [Document Number P07000122850].
3. ERES SOUTH FLORIDA PLASTIC SURGERY, INC. is dissolved as of September 23, 2016.
4. I have no intention of reinstating ERES SOUTH FLORIDA PLASTIC SURGERY, INC.
5. Therefore, I hereby release the name for use to another entity.
6. I make these statements under penalty of perjury.


FURTHER AFFLIANT SAYETH NAUGHT.



ESTRELLA ROJAS, PRESIDENT

The foregoing *Affidavit* was acknowledged before me this 28 day of October, 2016, by the Affiant, who is personally known to me or produced _____ as appropriate identification.

My commission expires: July 22, 2019



NOTARY PUBLIC

Printed Name: Claudia Ruiz



Claudia Ruiz
COMMISSION #FF902555
EXPIRES: July 22, 2019
WWW.AARONNOTARY.COM