

12/13/2016

Division of Corporations

Resubmission, please

Resubmission, please  
honor file submission  
date of 12/13/2016

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

honor file submission  
date of 12/13/2016

**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.

(((H16000305268 3)))



H160003052683ABC+

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Doing so will generate another cover sheet.

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

Resubmission, please  
honor file submission  
date of 12/13/2016

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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

FILED  
DEC 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Resubmission,  
please honor file  
submission date  
of 12/13/2016

# FLORIDA PROFIT/NON PROFIT CORPORATION

Andres Fernando Sosa, M.D., P.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Resubmission,  
please honor file  
submission date of  
12/13/2016

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

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

**SUBJECT:** Andres Fernando Sosa, M.D., P.A.

(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:** Jennifer Tasevoli

Name (Printed or typed)

900 Merchants Concourse Suite 405

Address

Westbury, NY 11590

City, State & Zip

888-579-0286

Daytime Telephone number

andresfernandososa@hotmail.com

E-mail address: (to be used for future annual report notification)

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

FILED

2016 DEC 13 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Andres Fernando Sosa, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
35 W. Sunrise Ave.  
Coral Gables, FL 33133

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Doctor

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andres F. Sosa - Director

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

Address 35 W. Sunrise Ave.

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

Coral Gables, FL 33133

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED

2016 DEC 13 AM 10:00

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	NRAI Services, Inc.
Address:	1200 South Pine Island Road
	Plantation, FL 33324

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

Name:	Brent Buscay
Address:	9120 Double Diamond Pkwy
	Reno, NV 89521

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

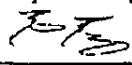
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

	Karen Fugelsang Asst. Secretary	12/13/2016
Required Signature/Registered Agent		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.

		12/13/2016
Required Signature/Incorporator		Date