

MAR/20/2017 MON 03:29 PM

FAX No.

P. 001

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ADOLFO A. CUELI, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

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M. MOON
MAR 20 2017

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:

Adolfo A. Cueli, P.A.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

267 Minorca Ave. Sk: 200
Coral Gables, FL 33134

Mailing address, if different is:

Same**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Practice in: Family Medicine**ARTICLE IV SHARES**

The number of shares of stock is:

Shares: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Adolfo A. Cueli (P/S/D) Name and Title:Address: 267 Minorca Ave. Sk: 200 Address:Coral Gables, FL 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Adolfo A. Cueli
Address: 267 Minorca Ave. Sk: 200
Coral Gables, FL 33134**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Adolfo A. Cueli
Address: 267 Minorca Ave. Sk: 200
Coral Gables, FL 33134

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

Date

3/16/2017

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 § 817.135, F.S.

Required Signature/Incorporator

Date

3/16/2017