

P17000062597

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JADE SHA MEDICAL P.A.,

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00



July 19, 2017

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. ^{Division of Corporations}

SUBJECT: JADE SHA MEDICAL PROFESSIONAL CORPORATION
REF: W17000059500

We have received your document for JADE SHA MEDICAL PROFESSIONAL CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H17000186084
Letter Number: 517A00014579

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: Jade Sha Medical P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11035 Legacy Blvd

Palm Beach Gardens FL 33410

Mailing address, if different is:

11035 Legacy Blvd

Palm Beach Gardens FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical services-Neonatology

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jade Sha/ Director

Address 11035 Legacy Blvd

Palm Beach Gardens FL 33410

Name and Title: 241

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

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

Name: Jade Sha
Address: 11035 Legacy Blvd
Palm Beach Gardens FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Jade Sha
Address: 11035 Legacy Blvd
Palm Beach Gardens FL 33410

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 business days prior or 90 business 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.



Required Signature/Registered Agent

7/10/17

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.



Required Signature/Incorporator

7/10/17

Date