

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P1700094458**

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

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 07535000353  
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**

**Rochelin Medical P.C. Corp.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Rochelin Medical P.C. Corp.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18051 Biscayne Blvd - Unit - 10001 - 1

18051 Biscayne Blvd - Unit - 10001 - 1

North Miami, FL 33160

North Miami, FL 33160

ARTICLE III PURPOSE

Medical Practice

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fleurgin Rochelin - Director

Name and Title:

Address 18051 Biscayne Blvd - Unit - 10001 - 1

Address:

North Miami, FL 33160

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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M. C. B.

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: Fleurgin Rochelin  
 Address: 18051 Biscayne Blvd - Unit - 10001 - 1  
North Miami, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Fleurgin Rochelin  
 Address: 18051 Biscayne Blvd - Unit - 10001 - 1  
North Miami, FL 33160

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent

11/27/2017  
 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. 817.133, F.S.*

\_\_\_\_\_  
 Required Signature/Incorporator

11/27/2017  
 Date