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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

ALL INFORMATION CONTAINED
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18 APR 18 PM 3:12

**FLORIDA PROFIT/NON PROFIT CORPORATION
CAPE PARADISE MEDICAL OFFICE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

APR 19 2018

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Cape Paradise Medical Office Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4524 SE 16 PL Cape Coral
FL 33904

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

- Daiselys Brito - 50% (P)

Raisa Eduevarria - 50% (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Daiselys Brito
4524 SE 16 PL
Cape Coral FL 33904

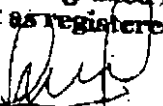
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Daiselys Brito
4524 SE 16 PL
Cape Coral FL 33904

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Required Signatures:

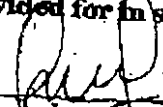
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

4/18/18
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 §.817.155, F.S.



Incorporator

4/18/18
Date

18 APR 18 PM 3:12
STATE DEPARTMENT OF REVENUE

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