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(Business Entity Name)

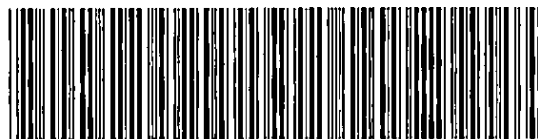
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/13 Glinda

XX **CERTIFIED COPY** _____

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XX **FILING** ARTICLES _____

1. Angelika Erwin MD, PhD, P.A.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FL
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SPECIAL INSTRUCTIONS:

COVER LETTER

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

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18 JUL 13 PM 12:42
TALLAHASSEE, FL

SUBJECT: _____ ANGELIKA ERWIN, MD, PhD, 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: _____ ANGELIKA ERWIN, MD, PhD

Name (Printed or typed)

8420 SW 158th St.

Address

Palmetto Bay, FL 33157

City, State & Zip

212 729-78716

Daytime Telephone number

angelika.erwin@gmail.com

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

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

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

ARTICLE I NAME ANGELIKA ERWIN, MD, PhD, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

8420 SW 158th St.

Palmetto Bay, FL 33157

Mailing address, if different is:

8420 SW 158th St.

Palmetto Bay, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTANT IN THE MEDICAL FIELD

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ANGELIKA ERWIN - PRESIDENT	Name and Title:	_____
Address	8420 SW 158th St. Palmetto Bay, FL 33157 _____	Address:	_____ _____ _____

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

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	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: ANGELIKA ERWIN, MD, PhD
Address: 8420 SW 158th St.
Palmetto Bay, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELIKA ERWIN, MD, PhD
Address: 8420 SW 158th St.
Palmetto Bay, FL 33157

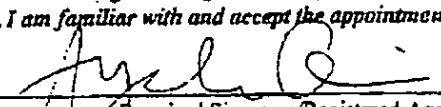
ARTICLE VIII EFFECTIVE DATE:

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.)

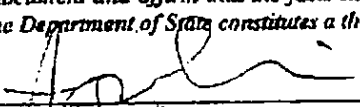
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/11/18
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 s.817.155, F.S.


Required Signature/Incorporator

7/11/18
Date

FILED
18 JUL 13 PM 12:42
CLERK OF THE COURT
JUL 13 2018