

PI 80000 71067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

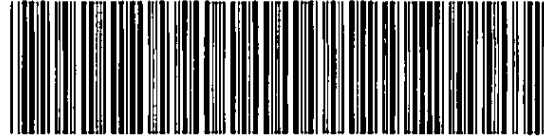
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 20 AM 10 21

C RICO  
AUG 20 2018

**COVER LETTER**

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

**SUBJECT:**

NATASHA FAJARDO, M.D., 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:**

NATASHA A. FAJARDO, MD

Name (Printed or typed)

6141 SUNSET DRIVE, SUITE 102A

Address

SOUTH MIAMI, FL 33143

City, State &amp; Zip

305-894-7400

Daytime Telephone number

n.fajardo@phpmds.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**The name of the corporation shall be: NATASHA FAJARDO, M.D., P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6141 SUNSET DRIVE, SUITE 102ASOUTH MIAMI, FL 33143**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Medical Practice**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Natasha A. Fajardo, MD, Director

Name and Title: \_\_\_\_\_

Address 6141 SUNSET DRIVE, SUITE 102A

Address: \_\_\_\_\_

SOUTH MIAMI, FL 33143

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
IN OFFICE OF  
CLERK OF  
COURT  
JUL 20 2018  
MIAMI, FL

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: NATASHA A. FAJARDO, MD  
 Address: 6141 SUNSET DRIVE, SUITE 102A  
 SOUTH MIAMI, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NATASHA A. FAJARDO, MD  
 Address: 6141 SUNSET DRIVE, SUITE 102A  
 SOUTH MIAMI, FL 33143

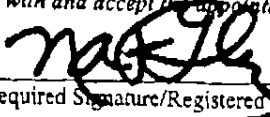
**ARTICLE VIII EFFECTIVE DATE:**

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.)

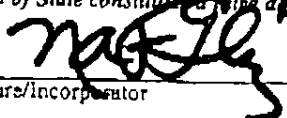
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/2/18  
 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

8/2/18  
 Date