

**P1900001361**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000003111 3)))



H190000031113ABCQ

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

From:  
Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (954)791-2100  
Fax Number : (954)583-4117

**\*\*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**

**Zuri Plastic Surgery, P.A.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

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H19000003111

**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:

Zuri Plastic Surgery, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6541 SW 76 Ter.  
South Miami 33143**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Plastic Surgery practice

**ARTICLE IV SHARES**

The number of shares of stock is:

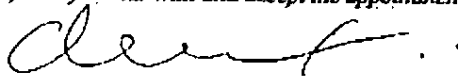
1,000 shares \$1.00 Per Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Alexander Zuriarrain, Manager  
6541 SW 76 Ter.  
South Miami, FL 33143**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Alexander Zuriarrain  
6541 SW 76 Ter.  
South Miami, FL 33143**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Alexander Zuriarrain  
6541 SW 76 Ter.  
South Miami, FL 33143

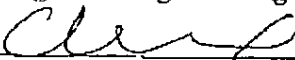
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/2/19

Date



Signature/Incorporator

1/2/19

Date

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01/07/2019 12:01PM FAX 9546414192  
850-617-6381

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January 4, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILINGS, INC

SUBJECT: ZURI PLASTIC SURGERY, P.A.  
REF: W19000000847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H19000003111  
Letter Number: 519A00000206