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1/16/2019

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
CORNELIU C. LUCA, MD PA

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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JAN 17 2019

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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: CORNELIU C. LUCA, MD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1065 NE 97TH STREET

Mailing address, if different is:
SAME

MIAMI SHORES, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CORNELIU C. LUCA, PRESIDENT

Name and Title:

Address: 1065 NE 97TH STREET

Address:

MIAMI SHORES, FL 33138

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: CORNELIU C. LUCA
Address: 1065 NE 97TH STREET
MIAMI SHORES, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CORNELIU C. LUCA
Address: 1065 NE 97TH STREET
MIAMI SHORES, FL 33138

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 15, 2019 (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.

✓ _____ 1/16/2019
Required Signature/Registered Agent 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.

✓ _____ 1/16/2019
Required Signature/Incorporator Date

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