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| (*** | G1033) | |
| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

| CLID ICAT | SURGERY INC | | | | | | |
|----------------------|--|------------------------------------|-------------------------|--|--|--|--|
| SUBJECT: | (PROPOSED CORPOR | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | | | |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | d a check for: | | | | |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | & Certificate of Status | | | | |
| • | | ADDITIONAL COPY REQUIRED | | | | | |
| FROM: | EPHANIE MARTINEZ Nam | e (Printed or typed) | | | | | |
| 818 | 0 NW 36 ST, SUITE 406 | | | | | | |
| | Address | | | | | | |
| DO | RAL FL 33166 | | | | | | |
| | City, State & Zip | | | | | | |
| 305 | -406-3800 | | | | | | |
| | Daytime 1 | l'elephone number | | | | | |
| ATF | LUS@LIVE.COM | | | | | | |
| | E-mail address: (to be use | d 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)

| <u>CLE II — PRIN</u> | CIPAL OFFICE Principal street address | Mailing address, if different is: | | |
|--|---|--|--|------------------|
|) N BAY RD AP | T 302 | | | |
| ГН МІАМІ ВЕА | CH, FL 33160 | | | |
| CLE III PURF urpose for which | the corporation is organized is: | | | |
| | | | | |
| | | | | |
| | | | | |
| CLE IV SILAI uniber of shares o | <u>RES</u> 100 f stock is: | | | |
| umber of shares o | f stock is: AL OFFICERS AND/OR DIRECTORS | | | |
| umber of shares o | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 | Name and Title: | | |
| umber of shares of CLE V INITA Name and Tit | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 | Name and Title: | | |
| umber of shares of CLE V INITA Name and Tit | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 | Name and Title: | | |
| umber of shares of the CLE V INITI Name and Tit | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 NORTH MIAMI BEACH, FL 33160 | Name and Title: | | |
| umber of shares of CLE V INITA Name and Tit Address | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 NORTH MIAMI BEACH, FL 33160 | Name and Title: Address: Name and Title: | | 19 JAB |
| CLE V INITA Name and Tit Address Name and Titl | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 NORTH MIAMI BEACH, FL 33160 | Name and Title: Address: Name and Title: Address: | | 19 JAR 30 |
| CLE V INITE Name and Tit Address Name and Titl | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 NORTH MIAMI BEACH, FL 33160 | Name and Title: Address: Name and Title: Address: | | 13 JYI 30 5 K t: |
| CLE V INITI Name and Tit Address Name and Titl Address | AL OFFICERS AND/OR DIRECTORS YELISA D NUNEZ PRESIDENT 17900 N BAY RD APT 302 NORTH MIAMI BEACH, FL 33160 e: | Name and Title: Address: Name and Title: Address: | | 19 JAN 30 PK |

| Name a | and Title: | Name and Title: | |
|-------------------------------------|---|---|--------------|
| Addres | ss | Address: | |
| | | | |
| | REGISTERED AGENT | | |
| Name: | Florida street address (P.O. Box NOT acceptable YELISA D NUNEZ |) of the registered agent is: | |
| Address: | 17900 N BAY RD APT 302 | _ | |
| . 102. (23) | NORTH MIAMI BEACH, FL 33160 | | |
| <u>ARTICLĘ VII</u> | <u>INCORPORATOR</u> | | |
| The name and | address of the Incorporator is: | * € 50 | - |
| Name: | YELISA D NUNEZ | *. 点: | <u></u> |
| Address: | 17900 N BAY RD APT 302 | <u>_</u> | 500 A |
| | NORTH MIAMI BEACH, FL 33160 | 7.10 m | 0 \$ |
| | | 一 数: | 30 25 4 |
| Effective date, | EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and car | 선생 (1 m) 전 | <u>.</u> |
| Note: If the da | te inserted in this block does not meet the applical effective date on the Department of State's record | ble statutory filing requirements, this date will not b ds. | e listed as |
| Having been no this certificate. | amed as registered agent to accept service of proc I am familiar with and accept the appointment as | cess for the above stated corporation at the place de registered agent and agree to act in this capacity | esignated in |
| | <u>M</u> | 1 19 19 | |
| () | Required Signature/Registered Agent | Date | |
| | ocument and affirm that the facts stated herein of Pepartment of State constitutes a third degree fe | are true. I am aware that the false information sub- clony as provided for in s.817.155, F.S. | omitted in a |
| Red | uired Signature/Incorporator | Date | : |

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared YELISA D NUNEZ, who after being firstly duly sworn, under oath, deposes and says:

- The undersigned is also the sole Director and the President of NEXXT SÜRGERY INC, a Florida corporation to be filed with the Florida Department of State on or about January 14, 2019.
- 2. The undersigned hereby consents to and authorizes the use by NEXXT SURGERY INC, of the name NEXXT SURGERY INC.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

YELISA D NUNEZ

STATE OF FLORIDA

88.

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Yelisa D Nunez, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 14th day of January, 2019

STEPHANIE MARTINEZ
Notary Public - State of Florida
Commission # GG 276107
My Comm. Expires Nov 13, 2022
Bonded through National Notary Assn.

Notary Public Signature