

PP19000031755

Florida Department of State
Division of Corporations
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((H19000120270 3))



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FLORIDA PROFIT/NON PROFIT CORPORATION
J.ROJAS APRN, PA

Certificate of Status	0
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Page Count	03
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April 15, 2019

LAZARUS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: J. ROJAS APRN, PA
REF: W19000037049

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

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Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H19000120270
Letter Number: 819A00007535

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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: J. ROJAS APRN, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

12022 SW 77th Terrace
Miami, FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Advanced Practice Registered Nurse

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose F. Rojas (P) Name and Title: _____

Address: _____ Address: _____

Name and Title: TAMARA SANTIESTEBAN (VP) Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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: JOSE F. ROJAS
 Address: 12022 SW 77 Terr.
MIAMI FL 33183

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE F. ROJAS
 Address: 12022 SW 77 Terr.
MIAMI FL 33183

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]
 Required Signature/Registered Agent

4/11/19
 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.

[Signature]
 Required Signature/Incorporator

4/11/19
 Date