

PP9000031755

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**J.ROJAS APRN, PA**

Certificate of Status	0
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APR 16 2019



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 refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Only received part of the first page of ARTICLES.

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Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H19000120270  
Letter Number: 819A00007535

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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: J. ROJAS APRN, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address12022 SW 77<sup>th</sup> 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

**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.

\_\_\_\_\_  
Required Signature/Registered Agent4/11/19  
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.

\_\_\_\_\_  
Required Signature/Incorporator4/11/19  
Date

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