

P190000031810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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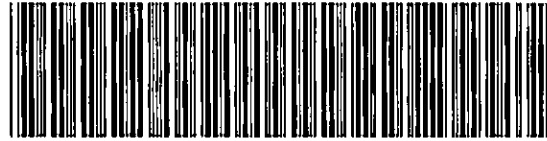
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/19--01020--004 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 8 AM 11:55

COVER LETTER

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

SUBJECT: Aponte MD Consultant Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Johat Aponte
Name (Printed or typed)

14105 SW 161st Ct
Address

Miami, FL 33196
City, State & Zip

347-894-6260
Daytime Telephone number

Johat05@hotmail.com
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Aponte MD Consultant Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14105 SW 161st Court
Miami, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: specific purpose for a
Professional Corporation

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johat Aponte, President Name and Title: _____

Address: 14105 SW 161st Court Address: _____
Miami, FL 33196

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Katherine Aponte

Address: 14105 SW 161st Ct

Miami, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katherine Aponte

Address: 14105 SW 161st Ct

Miami, FL 33196

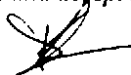
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/1/2019 (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




Required Signature/Registered Agent

4/1/19

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/Incorporator

4/1/19

Date

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