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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MARK@MARKBALOGCPA.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
GOMEZ MAXILLOFACIAL PA**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
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| Estimated Charge | \$78.75 |

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June 17, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: GOMEZ MAXILLOFACIAL PA
REF: W19000056955

We have received your document for GOMEZ MAXILLOFACIAL PA and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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Keyna E Page
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Attached

P.O BOX 6327 - Tallahassee, Florida 32314

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FAXED TO: 850-617-6381

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GOMEZ MAXILLOFACIAL PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**100 SOUTH EOLA DRIVE, APT 1004
ORLANDO, FL 32801**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 SHARES AT NO PAR VALUE

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of : **ORAL SURGEON/ DENTISTRY**

19 JUN 17 AM 11:11
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Prepared By:

Bruce B. Hubbard

238 WEST JERICHO TURNPIKE

HUNTINGTON STATION, NY 11746

(800)443-8177/(516)935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANKIE M. GOMEZ
100 SOUTH EOLA DRIVE, APT 1004
ORLANDO, FL 32801

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

FRANKIE M. GOMEZ -PRESIDENT/DIRECTOR
100 SOUTH EOLA DRIVE, APT 1004
ORLANDO, FL 32801

ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FRANKIE M. GOMEZ
100 SOUTH EOLA DRIVE, APT 1004
ORLANDO, FL 32801

ARTICLES VII EFFECTIVE DATE

The date of Corporate Existence shall begin is:

Upon Filing

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12TH day of JUNE 20 19

FRANKIE M. GOMEZ
SIGNATURE

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CLERK OF DISTRICT COURT
JULIA A. GARCIA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **GOMEZ MAXILLOFACIAL PA**

2. The name and address of the registered agent and office is:

FRANKIE M. GOMEZ

Name

100 SOUTH EOLA DRIVE, APT 1004

(P.O. Box or Mail Drop Box NOT Acceptable)

ORLANDO, FL 32801

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


FRANKIE M. GOMEZ
SIGNATURE

6/12/2019
(Date)

FILED
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CLERK OF COURT
JULIA A. BROWN
CLERK

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