

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: 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.

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FLORIDA PROFIT/NON PROFIT CORPORATION Javier Figueroa Professional Association

Certificate of Status	0
Certified Copy	1
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STATE OF FLORIDA
DIVISION OF CORPORATIONS
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AUG 02 2019



July 29, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALZOOM.COM INC.

SUBJECT: JAVIER FIGUEROA PROFESSIONAL ASSOCIATION
REF: W19000060559

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 specific business purpose of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H19000224334
Letter Number: 519A00015369

COVER LETTER

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

SUBJECT: Javier Figueroa Professional Association

(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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd , 10th Floor

Address

Glen Dale, CA 91203

City, State & Zip

323-962-8600 ext. 7625

Daytime Telephone number

onlinefilings@Legalzoom.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: Javier Figueroa Professional Association

ARTICLE II PRINCIPAL OFFICE

Principal street address: 475 Brickell Ave Mailing address, if different is:
Unit 3811
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Licensed Registered Registrant providing a medical services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Javier Figueroa, P. T, S, D Name and Title: _____
Address: 7475 Brickell Ave Address: _____
Unit 3811
Miami, FL 33131

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: United States Corporation Agents, Inc.
 Address: 5575 S. Semoran Blvd., Suite 36
Orlando, FL 32822

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.
 Address: 101 N. Brand Blvd., 11th Floor
Glendale, CA 91203

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

_____ 08/01/2019
 Required Signature/Registered Agent 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.

_____ 08/01/2019
 Required Signature/Incorporator Date