

**Florida Department of State**  
**Division of Corporations**  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ROBERTO SANCHEZ ORTEGA. MD. PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
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OCT 10 2019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ROBERTO SANCHEZ ORTEGA. MD. PA**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

PRINCIPAL: 10875 SW 138<sup>TH</sup> ST. MIAMI. FL. 33176MAILING: 10875 SW 138<sup>TH</sup> ST. MIAMI. FL. 33176.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ROBERTO SANCHEZ ORTEGA. (P)ADDRESS: 10875 SW 138<sup>TH</sup> ST. MIAMI. FL. 33176**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ROBERTO SANCHEZ ORTEGA.ADDRESS: 10875 SW 138<sup>TH</sup> ST. MIAMI. FL. 331762019 OCT -9 PM 1:41  
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**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

**ROBERTO SANCHEZ ORTEGA.**

**ADDRESS: 10875 SW 138<sup>TH</sup> ST. MIAMI. FL. 33176**

**ARTICLE VII: PURPOSE: DOCTOR'S OFFICE**

**Required Signatures:**

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

\_\_\_\_\_  
**ROBERTO SANCHEZ ORTEGA.**  
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.

\_\_\_\_\_  
**ROBERTO SANCHEZ ORTEGA.**  
Incorporator

\_\_\_\_\_  
Date