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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION YOUSSEF MOUHAYAR MD, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

19 NOV - 1 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: YOUSSEF MOUHAYAR MD, PA

ARTICLE II PRINCIPAL OFFICE

888 BISCAYNE BLVD Principal street address

Mailing address, if different is:

UNIT 3308

SAME

MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHYSICIAN'S OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOUSSEF MOUHAYAR MD (P) Name and Title:

Address 888 BISCAYNE BLVD Address:

UNIT 3308

MIAMI, FL 33132

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YOUSSEF MOUHAYAR

Address: 888 BISCAYNE BLVD 3308
MIAMI, FL 33132

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YOUSSEF MOUHAYAR

Address: 888 BISCAYNE BLVD UNIT 3308
MIAMI, FL 33132

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 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

10/29/2019
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

10/29/2019
Date