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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

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**FILING**

Artides

**JASON GAJRAJ M.D., P.A.**

(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
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\_\_\_\_\_

**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: Jason Gajraj M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10000 W Sample Rd Suite A Coral Springs, FL 33065

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Doctor

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jason Gajraj President

Address 9365 Carrington Ave Parkland FL 33076

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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**ARTICLE VI REGISTERED AGENT**

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

Name: Jason Gajraj

Address: 10000 W Sample Rd Suite A,

Coral Springs FL 33065

**ARTICLE VII INCORPORATOR**

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

Name: Jason Gajraj

Address: 10000 W Sample Rd Suite A,

Coral Springs FL 33065

**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*

Jason Gajraj  
Required Signature/Registered Agent

11/04/2019  
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.*

Jason Gajraj  
Required Signature/Incorporator

11/04/2019  
Date