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(Re	questor's Name)	-
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(Do	ocument Number)	-
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October 23, 2019

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILED
2019 OCT 28 MHD: 21
ALL ALASSED IN TO

Ref: Company: OCTAVIO AVILA ZAMORA MD PA

Document # : P15000072155

I, Octavio Avila Zamora, President of Octavio Avila Zamora MD PA, Florida State Document # P15000072155, With the present I certified my no intention of revoking the Admin Dissolution on September 27, 2019. Therefore releasing the name for use to another entity.

If you have any question about this letter, please do not hesitate to contact me.

Sincerely

Octavio Avila Zamora / 15800 SW 43TH Street

Miami, FL 33185

(786) 202-5101

COVER LETTER

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

SUBJECT: OCTAV	IO AVILA ZAMORA MD PA						
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
England are an arise	inal and one (1) convertibe or	tiolog of incorporation and	Lu chack for				
Enclosed are an orig	inal and one (1) copy of the ar	deles of incorporation and	ra check for.				
□ \$70.00	\$78.75	\$78.75	□ \$87.50				
Filing Fee	Filing Fee	Filing Fee	Filing Fee,				
-	& Certificate of Status	& Certified Copy	Certified Copy				
			& Certificate of				
			Status				
		ADDITIONAL COPY REQUIRED					

M:	OCTAVIO AVILA ZAMORA MD PA Name (Printed or typed)		
IVI.			
	15800 S.W. 43th STREET		
•	Address		
	MIAMI, FLORIDA 33185		
	City, State & Zip		
	(786)202-5101		
	Daytime Telephone number		
	octavioavilazmd@gmail.com F-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)

RTICLE II PRINC	IPAL OFFICE		
	Principal street address		Mailing address, if different is:
IAMI, FLORIDA 331	85		<u> </u>
		<u></u>	11 All 19 OC
RTICLE III PURPO ne purpose for which the	OSE ne corporation is organized is: PHYSICIAN	N SERVICES	1728 1728 1738
	1.311		
<u>-</u> -	· · · · · · · · · · · · · · · · · · ·		- L
RTICLE IV SHARI ne number of shares of			
ne number of shares of	Stock is: 1600 LOFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P	Name and Title	ZUZEL E CARDET IBARRA - VP
ne number of shares of	stock is: 1600	Name and Title Address:	ZUZEL E CARDET IBARRA - VP 15800 SW 43th STREET
RTICLE V INITIA Name and Title	Stock is: 1600 LOFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P 15800 SW 43th STREET		
RTICLE V INITIA Name and Title	Stock is: 1600 LOFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P 15800 SW 43th STREET		15800 SW 43th STREET
RTICLE V INITIA Name and Title	Stock is: _ [6 0 0] LOFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P 15800 SW 43th STREET MIAMI, FL 33185	_ Address:	15800 SW 43th STREET MIAMI, FL 33185
ne number of shares of RTICLE V INITIA Name and Title Address	Stock is: _ [6 0 0] LOFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P 15800 SW 43th STREET MIAMI, FL 33185 OCTAVIO AVILA ZAMORA MD -TR	_ Address: Name and Title	15800 SW 43th STREET MIAMI, FL 33185
Name and Title:	Stock is: _ [6 0 0] L OFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P 15800 SW 43th STREET MIAMI, FL 33185 OCTAVIO AVILA ZAMORA MD -TR	_ Address: Name and Title _ Address:	MIAMI, FL 33185 ZUZEL E CARDET IBARRA - VP
Name and Title:	Stock is: (6	_ Address: Name and Title _ Address: _	15800 SW 43th STREET MIAMI, FL 33185 ZUZEL E CARDET IBARRA - VP 15800 SW 43th STREET
Name and Title: Address	Stock is:	_ Address: Name and Title _ Address: -	MIAMI, FL 33185 ZUZEL E CARDET IBARRA - VP 15800 SW 43th STREET MIAMI, FL 33185
Name and Title: Address	Stock is: _ [6 0 0] LOFFICERS AND/OR DIRECTORS OCTAVIO AVILA ZAMORA MD - P 15800 SW 43th STREET MIAMI, FL 33185 OCTAVIO AVILA ZAMORA MD -TR 15800 SW 43th STREET MIAMI, FL 33185	Address: Name and Title Address: Name and Title	MIAMI, FL 33185 ZUZEL E CARDET IBARRA - VP 15800 SW 43th STREET MIAMI, FL 33185

this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/23/2019	Name ar	nd Title:	Name and Title:	
Address: 15800 SW 43th STREET	Address	S	Address:	
Address: 15800 SW 43th STREET				
Address: 15800 SW 43th STREET				
Address: 15800 SW 43th STREET				S., P
Address: 15800 SW 43th STREET			e) of the registered agent is:	0.00
The name and address of the Incorporator is: Name: OCTAVIO AVILA ZAMORA, MD Address: Is800 SW 43th STREET MIAMI, FL 33185 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 it this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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 document to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S.		<u> </u>	, 3	
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Name: Address: 15800 SW 43th STREET				
Address: 15800 SW 43th STREET MIAMI, FL 33185	The <u>name and a</u>			
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Required Signature/Incorporator Date	1	2 M·/c		10/23/2019
	Requ	fred Signature/Incorporator		Date

Part Burn Branch