

P19000093585

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000362997 3)))



H190003629973ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 DEC 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION IGNACIO BERNAL PA

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

2019 DEC 17 PM 2:07

William Lawrence

Electronic Filing Menu

Corporate Filing Menu

Help

Dec-18, 2019

Effective

Date: 01/01/20

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Ignacio Bernal PA

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10831 SW 66 drive

Miami, FL 33173

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Ignacio Bernal JR (P)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 17 PM 2:45

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Ignacio Bernal Jr

10831 SW 66 Drive

Miami FL 33173

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Ignacio Bernal Jr

10831 SW 66 Drive

Miami FL 33173

ARTICLE VII:

PURPOSE: FAMILY NURSE PRACTITIONER -
BOARD CERTIFIEDRequired 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

WKL 12/17/19
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.

WKL 12/17/19
Incorporator Date

FILED

2019 DEC 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FL