

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
DIANKA PEREZ P.A.**

Certificate of Status	0
Certified Copy	1
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MAY 11 2020

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VIGO & VIGO, LLP

305 266 5758 P.001

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: DIANKA PEREZ P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

104 SW 24th AVE

Mailing address, if different is:

SAME

FORT LAUDERDALE, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NURSE PRACTITIONER

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANKA PEREZ PRESIDENT

Name and Title:

Address 104 SW 24th AVE

Address:

FORT LAUDERDALE

FL 33312

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: DIANKA PEREZ  
Address: 104 SW 24th AVE  
FORT LAUDERDALE, FL 33312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIANKA PEREZ  
Address: 104 SW 24th AVE  
FORT LAUDERDALE, FL 33312

**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.*

[Signature]  
Required Signature/Registered Agent

05/07/20  
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.*

[Signature]  
Required Signature/Incorporator

05/07/20  
Date