

P20000081284
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : THE TAX GROUP INC
Account Number : 120180000051
Phone : (305) 223-4648
Fax Number : (786) 361-1360

2020 OCT 19 PM 4:45

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MARIA A TORRES PA

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

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STATE
OFFICE

H/20003636423

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: MARIA A TORRES PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

9220 FONTAINEBLEAU BLVD
APT. 101

Mailing address, if different is:

9220 FONTAINEBLEAU BLVD, APT 101
MIAMI, FL 33172

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SURGERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA A TORRES P

Name and Title:

Address 9220 FONTAINEBLEAU BLVD

Address:

APT. 101

MIAMI, FL 33172

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: MARIA A TORRES
Address: 9220 FONTAINEBLEAU BLVD
APT. 101 MIAMI, FL 33172

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:


Name: MARIA A TORRES
Address: 9220 FONTAINEBLEAU BLVD, APT 101
MIAMI, FL 33172

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OFFICE**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/20/2020 (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

10/19/2020
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

10/19/2020
Date

H/20003636423