

P20000085627

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.

((H20000381152 3))



H200003811523ABCW

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

20 NOV -3 PM 4: 27

FILED

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
DANG Management Corp

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

2020 NOV -3 AM 8: 40

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MY ONLINE
ACCOUNT

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: DANG Management Corp

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>4000 Hollywood Blvd, Suite 215-S</u> <u>HOLLYWOOD, FL 33021</u>	Mailing address, if different is: _____ _____ _____
--	--

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non-Clinical Practice Management

20 NOV -3 PM 4:37
 TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Daniel Rabb - Director</u> Address: <u>4000 Hollywood Blvd, Suite 215-S</u> <u>HOLLYWOOD, FL 33021</u>	Name and Title: <u>Daniel Rabb - President</u> Address: <u>4000 Hollywood Blvd, Suite 215-S</u> <u>Hollywood, FL 33021</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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: Jeffrey Schillinger

Address: 4000 Hollywood Blvd, Suite 215-S
Hollywood, FL 33021

FILED
 20 NOV - 3 PM 4: 37
 HALL COUNTY CLERK
 HALL COUNTY, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: Ron Kurtz

Address: 2811 SW 3RD AVE Suite 200
MIAMI, FL, 33129

ARTICLE VIII EFFECTIVE DATE: 10/30/20

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

By: <u>JEFFREY SCHILLINGER</u>	<u>10/30/20</u>
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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	<u>10/30/20</u>
Required Signature/Incorporator	Date