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Florida Department of State  
Division of Corporations

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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

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\*\*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 |

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**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 street address: 4000 Hollywood Blvd, Suite 215-S  
Mailing address, if different is: \_\_\_\_\_  
HOLLYWOOD, FL 33021

**ARTICLE III PURPOSE**

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

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

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 COUNTY OF DADE  
 TALLAHASSEE, 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:**

Effective date, if other than the date of filing, 10/30/20 (OPTIONAL)

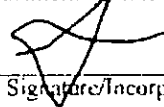
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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            |