

P200000 85853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

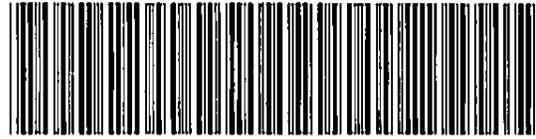
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C RICO
NOV 04 2020

RECORDED
2020 NOV -4 PM 1:55
FILED
2020 NOV -4 AM 10:51

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/04/2020

****WALK IN****

ENTITY NAME EXPERT GASTROENTEROLOGY AND HEPATOLOGY CONSULTANTS OF FLORIDA, P.A.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Expert Gastroenterology And Hepatology Consultants of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1883 E. 119th Street

Cleveland, OH 44106

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Gastroenterology and hepatology medical services.

NOV - 4 AM 10:51

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Javier Romero Marrero, D, P, VP

Name and Title: Carlos Javier Romero Marrero, T, S

Address: 7369 Sheridan Street

Address: 7369 Sheridan Street

Hollywood, FL 33024

Hollywood, FL 33024

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: Carlos Javier Romero Marrero
 Address: 7369 Sheridan Street
Hollywood, FL 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

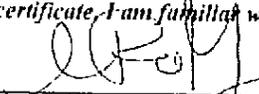
Name: Ed Tsuji
 Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

ARTICLE VIII EFFECTIVE DATE:

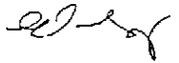
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 furnished with and accept the appointment as registered agent and agree to act in this capacity

 Carlos Javier Romero Marrero  10/23/2020
 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.

 10/23/2020
 Required Signature/Incorporator Date