

11/16/2020

Division of Corporations

**P2000008856**

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

**\*\*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

**Farrugia Holdings, Inc.**

NOV 17 2020

T. SCOTT

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

NOV 17 2020

T. SCOTT

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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: Farrugia Holdings, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5710 N. Davis Highway, Suite 1Pensacola, Florida 32503**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: the transaction of any or all lawful business for which a  
for-profit corporation may be formed under the Florida Statutes.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alan Farrugia, D.M.D., DirectorName and Title: Alan Farrugia, D.M.D., PresidentAddress: 5710 N. Davis Highway, Suite 1Address: 5710 N. Davis Highway, Suite 1Pensacola, Florida 32503Pensacola, Florida 32503

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

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

Name: Alan Farrugia, D.M.D.

Address: 5710 N. Davis Highway, Suite 1

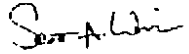
Pensacola, Florida 32503

**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*

By: C T Corporation System  Scott A. White, Asst. Secy.

Required Signature/Registered Agent

11/16/2020

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

11/16/2020

Date