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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

****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
T.MD.IOTA MEDICAL GROUP, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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J DENNIS

DEC 07 2020

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: T.MD.lota Medical Group, P.A.**ARTICLE II PRINCIPAL OFFICE**

Principal street address
3109 Grand Avenue #215
Miami FL 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Purpose of the corporation is to engage in the profession of medicine and medical services and any
other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and
regulations

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rafid Fadul, President

Name and Title: _____

Address 3109 Grand Avenue #215
Miami, FL 33133

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

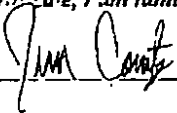
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: COGENCY GLOBAL INC.Address: 115 North Calhoun Street, Suite 4
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rafid FadulAddress: 3109 Grand Avenue #215
Miami, FL 33133**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*

Jennifer Countz, Assistant Secretary of

COGENCY GLOBAL INC.

Required Signature/Registered Agent

12-3-2020

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.

S/ Rafid Fadul

Required Signature/Incorporator

12-2-2020

Date

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