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FLORIDA PROFIT/NON PROFIT CORPORATION NATALIA SOLENKOVA MD, PA

Certificate of Status	0		
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ARTICLES OF INCORPORATION OF NATALIA SOLENKOVA MD. PA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

NATALIA SOLENKOVA MD, PA

The principal place of business of this corporation shall be:

19195 MYSTIC POINT DR., #1101 MIAMI, FL 33180

ARTICLE II - NATURE OF BUSINESS

This corporation will engage in:

Providing Professional Medical Services and Care

ARTICLE III - CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time:

100 Shares @ \$1.00 par value

ARTICLE IV - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V - OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

NATALIA SOLENKOVA 19195 MYSTIC POINT DR., #1101 MIAMI, FL 33180

ARTICLE VI - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this Articles of Incorporation is (are):

NATALIA SOLENKOVA 19195 MYSTIC POINT DR., #1101 MIAMI, FL 33180

IN WITNESS WHEREOF, the undersigned incorporator(s) has executed these Articles of Incorporation this 27th day of April 2021.

Signature of Incorporator:

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

NATALIA SOLENKOVA MD, PA

The name and address of the registered agent and officer is:

NATALIA SOLENKOVA 19195 MYSTIC POINT DR., #1101 MIAMI, FL 33180

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES

Signature:

Date: