

PA 1000071349

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Dr. LI Internal Medicine PA

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF
Dr. Li Internal Medicine PA

The undersigned, 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 is Dr. Li Internal Medicine PA

ARTICLE II
Principal Place of Business

The principal place and the mailing address of business is
2771 Meadow Sage Ct
Oviedo, FL 32765

ARTICLE III
Purpose

The Corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV
Capital Stock

The aggregate number of shares which the Corporation has authority to issue is One Thousand (1,000), all of which shall be common shares with a par value of One Dollar (\$1.00).

ARTICLE V
Preemptive Rights Granted

Each shareholder of any class of stock of this Corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the Corporation and any securities of the Corporation convertible into or carrying a right to subscribe to or acquire shares of any such unissued or treasury shares.

ARTICLE VI
Registered Office

The name and the street address of the initial registered agent of the of the Corporation is

Jianyu Li
2771 Meadow Sage Ct
Oviedo, FL 32765

ARTICLE VII
Directors

The Board of Directors of the Corporation shall consist of at least one (1) member.

The name and address of the directors are:

Jianyu Li
2771 Meadow Sage Ct
Oviedo, FL 32765

ARTICLE VIII
Incorporators

The name and address of the incorporator is:

Jianyu Li
2771 Meadow Sage Ct
Oviedo, FL 32765

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

x

DL
Signature/Registered Agent

8/9/2021
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.

x

DL
Signature/Incorporator

8/9/2021
Date