

# P220000023455

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entry Name)

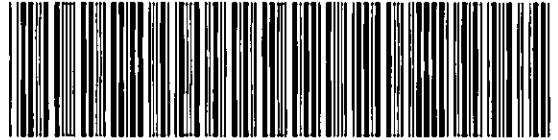
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600382404576

RECEIVED

2022 MAR 29 AM 11:40

ALLAHASSEE, FL

FILED

2022 MAR 29 PM 4:31

SEC. OF STATE  
ALLAHASSEE, FL

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/29/2022

Acc#I20160000072

*en: c DW*

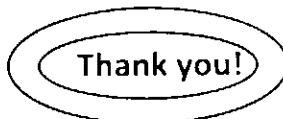
Name:	Circadios FL, P.A.
Document #:	
Order #:	14239536

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



# 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: Circadys FL, P.A.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5966 S. Dixie Hwy, Suite 300

Miami, FL 33143

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the provision of medical services

FILED  
MAR 29 PM 4:31  
SECRET  
TALLAHASSEE, FL

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agustin Arrieta, M.D., President and Director

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

Address 5966 S. Dixie Hwy, Suite 300  
Miami, FL 33143

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 AGENT**

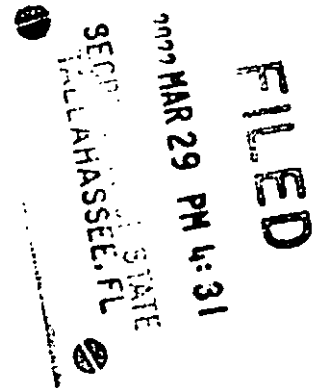
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System  
1200 South Pine Island Road  
Address: Plantation, FL 33324  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Agustin Arrieta, M.D.  
Address: 5966 S. Dixie Hwy, Suite 300  
Miami, FL 33143  
\_\_\_\_\_



**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*

Rose Song, Assistant Secretary  
Required Signature/Registered Agent

3.28.2022

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.*

[Signature]  
Required Signature/Incorporator

Date

03/25/2022