

F22000033206

Florida Department of State
Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
COTS MEDICAL GROUP & ASSOCIATES, INC.**

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

RECEIVED
2022 MAY 14 PM 4:21
CORPORATIONS
COMMERCIAL
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2022 MAY 14 PM 10:35

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: COTS MEDICAL GROUP & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7500 NW 25 ST STE 245

Mailing address, if different is:
7500 NW 25 ST STE 245

MIAMI, FL 33122

MIAMI, FL 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXEY ABREU CHAPOTIN -P Name and Title: _____

Address 7500 NW 25 ST STE 245 Address: _____
MIAMI, FL 33122 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022-05-04 PM 10:35

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: ALEXEY ABREU CHAPOTIN
 Address: 7500 NW 25 ST STE 245
MIAMI, FL 33122

ARTICLE VII INCORPORATOR

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

Name: ALEXEY ABREU CHAPOTIN
 Address: 7500 NW 25 ST STE 245
MIAMI, FL 33122

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

 Required Signature/Registered Agent

5/4/22
 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

5/4/22
 Date

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