

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# P2200053255

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 TALLAHASSEE, FLORIDA  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 MIAMI REGENERATIVE MEDICINE INC**

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

*HL*

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 2022 JUN 30 PM 2: 48  
 DIVISION OF CORPORATIONS  
 COMMERCIAL SERVICES

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: MIAMI REGENERATIVE MEDICINE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12902 SW 89th Court
Miami, FL 33176

Mailing address, if different is:
12902 SW 89th Court
Miami, FL 33176

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: Adam Yousuf Memon - P
Address: 12902 SW 89th Court
Miami, FL 33176

Name and Title:
Address:

Name and Title: Abdul Samad Memon - VP
Address: 12902 SW 89th Court
Miami, FL 33176

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: Adam Yousuf Memon  
 Address: 12902 SW 89th Court  
Miami, FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Adam Yousuf Memon  
 Address: 12902 SW 89th Court  
Miami, FL 33176

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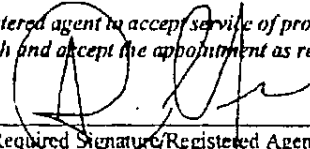
**ARTICLE VIII EFFECTIVE DATE:**

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 \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_  
