

# P22000054911

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000222021 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MANUEL M GONZALEZ MD PA**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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2022 JUL -8 PM 12: 22

REGISTRATION  
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**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**SUBJECT:** Manuel M Gonzalez MD PA  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Ares & Company CPA PA  
Name (Printed or typed)  
3636 SW 87 Avenue  
Address  
Miami, FL 33165  
City, State & Zip  
305-229-8256  
Daytime Telephone number  
info@arescpa.com  
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL

2023 JUL -8 PM 2: 04

**NOTE: Please provide the original and one copy of the articles.**

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**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: Manuel M Gonzalez MD PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15921 SW 254 ST  
Homestead, FL 33031

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: May engage in every aspect of rendering professional services that a M.D. Lic under the laws of the State of FL is authorized. May engage or transact in any or all lawful business permitted under the laws of the State of FL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Manuel M Gonzalez, PD  
Address: 15921 SW 254 St  
Homestead, FL 33031

Name and Title: Taymi Rodriguez, VP  
Address: 15921 SW 254 St  
Homestead, FL 33031

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

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

2023 JUL - 8 PM 2:04  
COLLECTED

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: Manuel M Gonzalez

Address: 15921 SW 254 St

Homestead, FL 33031

**ARTICLE VII INCORPORATOR**

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

Name: Manuel M Gonzalez

Address: 15921 SW 254 St

Homestead, FL 33031

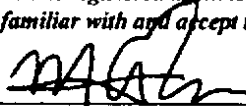
**ARTICLE VIII EFFECTIVE DATE:**

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*

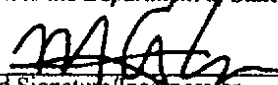


Required Signature/Registered Agent

07/06/2022

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.*



Required Signature/Incorporator

07/06/2022

Date