

P22000566629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

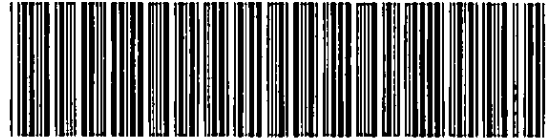
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900391835139

01003002 78-25

FILED - CIVIL - 001 ••50.00

FILED  
2022 AUG 16 PM 6:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Foreign corporation domesticating to Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication \$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee \$128.75

OPTIONAL:

Certificate of Status \$ 8.75

From:

Johat Aponte

Name (printed or typed)

14019 Snowy Owl Ln

Address

Wintergarden, Florida, 34787

City, State & Zip

347-894-6260

Daytime Telephone Number

Johat05@hotmail.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Johat Aponte President  
(Name) (Title)  
of Aponte MD consultant corp., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Aponte MD consultant corp  
(Foreign Corporation)
2. The jurisdiction and date of its formation is Pennsylvania, 09/19/2019
3. The name of the domesticated corporation is Aponte MD consultant corp
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Johat Aponte  
(Authorized-Signature)

FILED  
2022 AUG 16 PM 6:41  
SHREVEPORT, LOUISIANA  
CLERK OF COURT

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Aponte MD Consultant Corp

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

14019 Snowy Owl Ln  
Wintergarden, FL, 34787

Mailing Address

14019 Snowy Owl Ln  
Wintergarden, FL, 34787

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

to provide medical services.  
specific purpose of a professional corporation

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 10

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Johat Aponte  
14019 Snowy Owl Ln  
Wintergarden, FL, 34787

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

[Signature]  
Signature/Registered Agent

8/09/2022  
Date

2022 AUG 16 PM 6:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Johat Aponte, President Name & Title: \_\_\_\_\_

Address: 14019 Snowy Owl Ln Address: \_\_\_\_\_  
Wintergarden, FL, 34787

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

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

2022 AUG 16 PM 6:42  
JENNIFER D. S. HALL  
TALLAHASSEE, FL 32309

FILED

I submit this document and affirm that the facts stated herein are true. I am aware that 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]  
Signature/Authorized Person

08/09/2022  
Date