

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P22000067714

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000295858 3)))



H220002958583ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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
R.L.G.M REDES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2022 AUG 30 PM 4:50

22 AUG 30 PM 6:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AS

ARTICLES OF INCORPORATION
OF

R.L.G.M REDES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

R.L.G.M REDES, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned as fully and to the same extent as natural persons might do, viz:

- (1) Said corporation shall further have powers:
To have perpetual succession by it's corporate

R.L.G.M REDES, INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

20 AUG 30 PM 6:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**RAYMON LOUIS GUEVARA
11976 SW 27TH CT
MIRAMAR, FL 33025**

The principal office shall be:

**11976 SW 27TH CT
MIRAMAR, FL 33025**

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (02) persons, and the name and address of the person who is to serve as initial director:

**RAYMOND LOUIS GUEVARA
11976 SW 27TH CT
MIRAMAR, FL 33025**

PRESIDENT

**KAREN MARTINEZ
8711 NW 161 TER
MIAMI LAKES, FL 33018**

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation

**RAYMON LOUIS GUEVARA
11976 SW 27TH CT
MIRAMAR, FL 33025**

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this AUGUST 30, 2022.


RAYMON LOUIS GUEVARA

22 AUG 30 PM 6:58
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

R.L.G.M REDES, INC.

2. The Name and Address of the registered agent and office is:

**RAYMON LOUIS GUEVARA
11976 SW 27TH CT
MIRAMAR, FL 33025**

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Date: AUGUST 30, 2022

22 AUG 30 PM 6:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2022 JUN 13 PM 5:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000204392

1. Limited Liability Company's Name

DAGAT ALON STATION, LLC

2. Principal Office Address - No P.O. Box #

1821 NE 25th Street

Suite, Apt. #, etc.

Suite 101

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

2921 NE 47th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

8. Name and Address of Current Registered Agent

Name

John A. Coats, M.D.

Street Address (P.O. Box Number is Not Acceptable) Suite

1821 NE 25th Street

Apt. #, Etc.

Suite 101

City

Lighthouse Point

State

FL

Zip Code

33064

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

John A. Coats

REGISTERED AGENT MUST SIGN

Date June 7, 2022

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	John A. Coats, M.D.	1821 NE 25th Street, Suite 101	Lighthouse Point, FL 33064

AUG 30 2022

S. PRATHER

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 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 of authorized representative/member

John A. Coats

Date

June 7, 2022

Daytime Phone #

(954) 815-3037

Typed or printed name of signing authorized representative/member

John A. Coats, M.D.

400389449284
06/13/22--01029--015 **1071.25

2016-2022 CR2ED41 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 12/08/2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status