

P22 600071649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

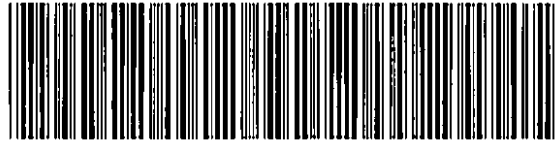
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100394370731

S. CHATHAM
SEP 14 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 14 PM 3:01

FILED
2022 SEP 14 PM 2:05
RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/14/22

NAME: AM FUNCTIONAL MEDICINE, P.A.

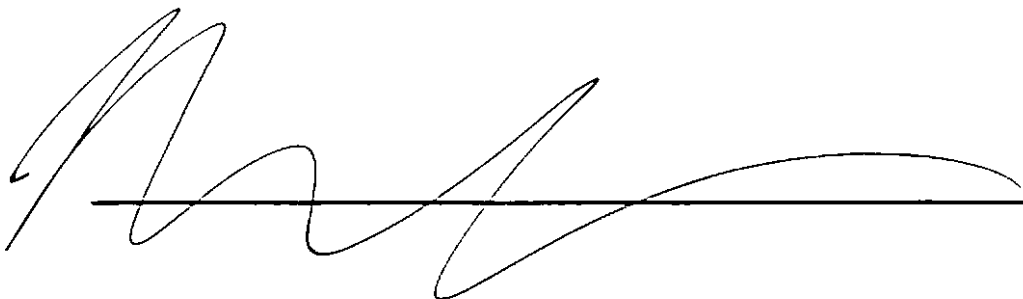
TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



NOTED
2022 SEP 16 PM 2:01
FILED

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: AM Functional Medicine, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1011 Sunnybrook Rd Ste 903

Miami, FL 33136

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the practice of medicine.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adonis Maiquez, MD, President

Address: 1011 Sunnybrook Rd Ste 903

Miami, FL 33136

Name and Title: Adonis Maiquez, MD, Treasurer

Address: 1011 Sunnybrook Rd Ste 903

Miami, FL 33136

Name and Title: Adonis Maiquez, MD, Secretary

Address: 1011 Sunnybrook Rd Ste 903

Miami, FL 33136

Name and Title: Adonis Maiquez, MD, Director

Address: 1011 Sunnybrook Rd Ste 903

Miami, FL 33136

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 14 PM 3:01

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: TRAC – The Registered Agent Company

Address: 236 E. 6th Avenue

Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 14 PM 3:01

ARTICLE VII INCORPORATOR

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

Name: Adonis Maiquez, MD

Address: 1011 Sunnybrook Rd Ste 903

Miami, FL 33136

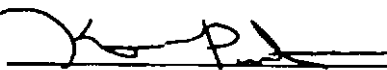
ARTICLE VIII EFFECTIVE DATE:

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


 Kristin Pearlstein, Assistant Secretary
Required Signature/Registered Agent

9/13/2022

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.

Witnessed by:


Required Signature/Incorporator

9/8/2022

Date