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(Requestor's Name)

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PICK-UP WAIT MAIL

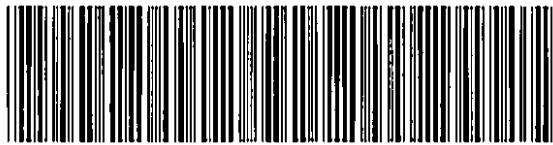
(Business Entity Name)

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DATE: 09/14/22

NAME: AM FUNCTIONAL MEDICINE, P.A.

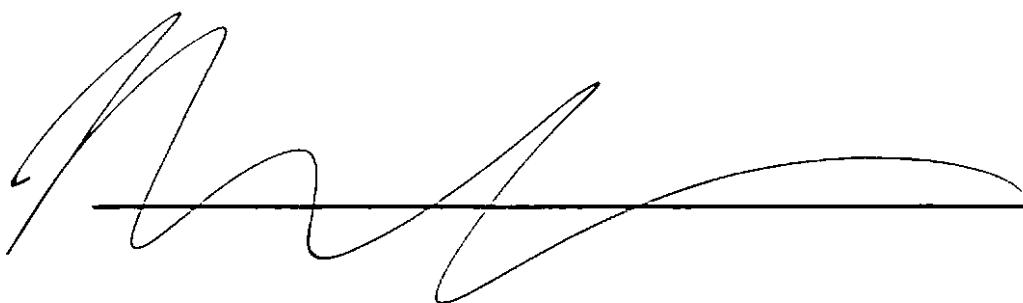
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe 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 PURPOSEThe 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 Name and Title: Adonis Maiquez, MD, TreasurerAddress: 1011 Sunnybrook Rd Ste 903 Address: 1011 Sunnybrook Rd Ste 903
Miami, FL 33136 Miami, FL 33136Name and Title: Adonis Maiquez, MD, Secretary Name and Title: Adonis Maiquez, MD, DirectorAddress: 1011 Sunnybrook Rd Ste 903 Address: 1011 Sunnybrook Rd Ste 903
Miami, FL 33136 Miami, FL 33136

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS

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

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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)

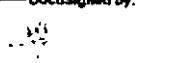
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

 9/8/2022
Required Signature/Incorporator Date