

APR 12 2023 4:08PM No. 0470 P. 1
P23000028938
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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REGISTRARS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCED WELLNESS & HORMONE THERAPY P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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Apr. 12. 2023 4:09PM

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No. 0470 P. 2

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: ADVANCED WELLNESS & HORMONE THERAPY P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1750 BRACKENHURST PLACE

LAKE MARY, FLORIDA 32746

Mailing address, if different is:

1750 BRACKENHURST PLACE

LAKE MARY, FLORIDA 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICINE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAGUED IBRAHIM

Name and Title: _____

Address 1750 BRACKENHURST PLACE

Address: _____

LAKE MARY, FLORIDA 32746

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAGUED IBRAHIM
Address: 1750 BRACKENHURST PLACE
LAKE MARY, FLORIDA 32746

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH
Address: 41 STATE STREET
ALBANY, NY. 12207

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

/S/ MAGUED IBRAHIM

Required Signature/Registered Agent

04/12/2023

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.

Lawrence A. Kirsch
Required Signature/Incorporator04/12/2023

Date

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