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**P23000052003**

No. 0699 P. 1

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
AMARJEET SAREEN MD INC.**

Certificate of Status	0
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Page Count	02
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No. 0699 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:

AMARJEET SAREEN MD INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2922 SE 11TH STREET

OCALA, FL 34471

Mailing address, if different is:

2922 SE 11TH STREET

OCALA, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMARJEET SAREEN - PRESIDENT

Address

2922 SE 11TH STREET

OCALA, FL 34471

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: AMARJEET SAREEN  
Address: 2922 SE 11TH STREET  
OCALA, FL 34471

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH  
Address: 41 STATE STREET, SUITE 700  
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/ Amarjeet Sareen  
Required Signature/Registered Agent

07/12/2023

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/Incorporator

07/12/2023

Date

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