

P24000004568

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

ALDO GUTIERREZ, M.D., P.A.

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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: ALDO GUTIERREZ, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
7180 SW 5TH TER	7180 SW 5TH TER
MIAMI, FL 33144	MIAMI, FL 33144

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: EMERGENCY MEDICINE PHYSICIAN.

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ALDO GUTIERREZ / P.S.T	Name and Title:	
Address	7180 SW 5TH TER	Address:	
	MIAMI, FL 33144		
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: _____ ALDO GUTIERREZ

Address: _____ 7180 SW 5TH TER

_____ MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____ ALDO GUTIERREZ

Address: _____ 7180 SW 5TH TER

_____ MIAMI, FL 33144

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*_____
Required Signature/Registered Agent

01/19/2024

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.*_____
Required Signature/Incorporator

01/19/2024

Date

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