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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2024 MAR 11 AM 9:38

FLORIDA PROFIT/NON PROFIT CORPORATION

DA Koduah MD PA

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

2024 MAR 11 AM 9:38

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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: DA Koduah MD PA

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address 6512 GREAT BEAR DR LAKELAND, FL 33805	Mailing address, if different is: 6512 GREAT BEAR DR LAKELAND, FL 33805
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: consulting physician

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	DORIS KODUA-President	Name and Title:	
Address	6512 GREAT BEAR DR LAKELAND, FL 33805	Address:	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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: DORIS KODUA
 Address: 6512 GREAT BEAR DR
LAKELAND, FL 33805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS KODUA
 Address: 6512 GREAT BEAR DR
LAKELAND, FL 33805

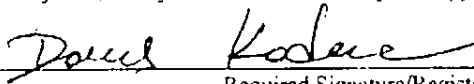
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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

3/8/24
 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

3/8/24
 Date