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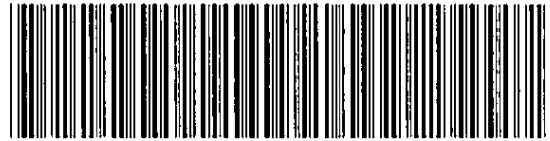
(Business Entity Name)

(Document Number)

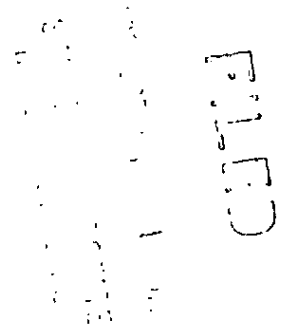
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DATE: 4/16/2024

NAME: ANA M GONZALEZ, ARNP, PA

TYPE OF FILING: ARTICLES

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Department of State
New Filing Section
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SUBJECT: ANA M GONZALEZ, ARNP, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: TOMAS A. GONZALEZ, JR., ESQ.
Name (Printed or typed)

PO BOX 934878
Address

MARGATE, FLORIDA 33093-4878
City, State & Zip

(833) 288-7878
Daytime Telephone number

sunbiz@tomasgonzalezlaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: ANA M GONZALEZ, ARNP, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8950 SW 69TH CT UNIT 116

MIAMI FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED IN ACCORDANCE WITH CHAPTER 464,

FLORIDA STATUTES, FOR THE SOLE AND SPECIFIC PURPOSE OF ENGAGING IN THE PRACTICE OF NURSING AS PERMITTED

BY APPLICABLE FLORIDA LAWS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA M. GONZALEZ P,D,S,T

Name and Title: _____

Address 8950 SW 69TH CT UNIT 116

Address: _____

MIAMI FL 33156

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: ANA M. GONZALEZ
Address: 8950 SW 69TH CT UNIT 116
MIAMI FL 33156

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TOMAS A. GONZALEZ, JR., ESQ.
Address: PO BOX 934878
MARGATE, FLORIDA 33093-4878

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
04/15/2024
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
04/15/2024
Date