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 Florida Department of State
 Division of Corporations
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(((H24000149233 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6381

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Account Name : CAPITOL SERVICES, INC.
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 SECRETARY OF STATE
 FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Harper Paredes Founder Holdings, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T.J.H.
 4/25/24

COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Harper Paredes Founder Holdings, P.A.**(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:** Jan R. Ezell, Corporate Paralegal

Name (Printed or typed)

Alston & Bird LLP, 1201 West Peachtree Street

Address

Atlanta, GA 30309-3424

City, State & Zip

404-881-7442

Daytime Telephone number

ap485@icloud.com

E-mail address: (to be used for future annual report notification)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 21 PM 1:29

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAMEThe name of the corporation shall be: Harper Paredes Founder Holdings, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2452 Mahan Drive, Suite 101Tallahassee, FL 32308**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: the practice of medicine and any other lawful purpose
permitted by Florida statute.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alfredo A. Paredes, Jr., M.D. - Treasurer,
Secretary and DirectorName and Title: Larry L. Harper, M.D. - President and DirectorAddress 2452 Mahan Drive, Suite 101Address: 2452 Mahan Drive, Suite 101Tallahassee, FL 32308Tallahassee, FL 32308

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alfredo A. Paredes, Jr., M.D.
Address: 2452 Mahan Drive, Suite 101
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Russell Hilton
Address: 1201 West Peachtree St. NW
Atlanta, GA 30309

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7PM, APR 21, PM '24
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FLORIDA

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/ Alfredo A. Paredes, Jr., M.D.

4/24/2024

Required Signature/Registered Agent

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.

/s/ Russell Hilton

4/24/2024

Required Signature/Incorporator

Date