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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954)655-8413
Fax Number : (954)432-8807

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

Email Address: pedro.luzquinos.pa@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
JOANNA DINAN P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

TH
7/19/24

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COVER LETTER

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

SUBJECT: JOANNA DINAN 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
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DINAN, JOANNA

Name (Printed or typed)

741 NE 120 ST

Address

BISCAYNE PARK, FL 33161

City, State & Zip

(954) 531-5389

Daytime Telephone number

joannadinan@gmail.com

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

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

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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: JOANNA DINAN P.A.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

741 NE 120 ST

Mailing address, if different is:

BISCAYNE PARK, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RENDER NURSE PRACTITIONER SERVICES AND OTHER PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DINAN, JOANNA (P)

Name and Title: _____

Address 741 NE 120 ST

Address: _____

BISCAYNE PARK, FL 33161

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: DINAN, JOANNA
Address: 741 NE 120 ST
BISCAYNE PARK, FL 33161

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DINAN, JOANNA
Address: 741 NE 120 ST
BISCAYNE PARK, FL 33161

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

Joanna Dinan
Required Signature/Registered Agent

07/18/2024

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.

Joanna Dinan
Required Signature/Incorporator

07/18/2024

Date

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