

HH
8-22-24

Florida Department of State
Division of Corporations
Electronic Filings Cover Sheet
P2400053811

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000280962 3)))



H240002809623ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: kenb@cpasandtaxes.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI SPINE AND PAIN SOLUTIONS PA**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2024 AUG 21 PM 5:16
CORPORATION
SPECIAL
SERVICES

FILED
2024 AUG 21 AM 4:32
DIVISION OF STATE
CORPORATIONS

H24000280962

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: MIAMI SPINE AND PAIN SOLUTIONS PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
465 BRICKELL AVE. APT 3802
ICON TOWER ONE
MIAMI, FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

SPINE AND PAIN CARE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LIAM MCCARTHY - President/Director
Address: 465 BRICKELL AVE. APT 3802
ICON TOWER ONE
MIAMI, FL 33131

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
STATE
24 AUG 21 AM 11:32

H24000280962

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: LIAM MCCARTHY
 Address: 465 BRICKELL AVE. APT 3802
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

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

Name: LIAM MCCARTHY
 Address: 465 BRICKELL AVE. APT 3802
MIAMI, FL 33131

FILED
 SECRETARY OF STATE
 AUG 21 AM 4:32

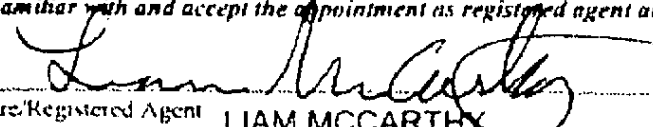
ARTICLE VIII EFFECTIVE DATE:

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.)

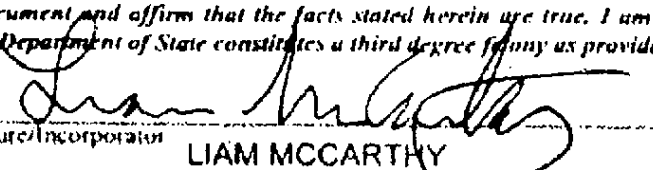
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 LIAM MCCARTHY

August 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 LIAM MCCARTHY

August 19, 2024
 Date