

P25000001318

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

FLORIDA PROFIT/NON PROFIT CORPORATION
CMC OF PUNTA GORDA INC.

Certificate of Status	0
Certified Copy	0
Page Count	

#12500000b 87213
ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CMC OF PUNTA GORDA INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address3261 CARGO STREETFORT MYERS, FLORIDA 33916

Mailing address, if different is:

3261 CARGO STREETFORT MYERS, FLORIDA 33916ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PURPOSEARTICLE IV SHARESThe number of shares of stock is: 200ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MARIO MASTRONARDIAddress: DIRECTOR AND PRESIDENT3261 CARGO STREETFORT MYERS, FLORIDA 33916Name and Title: ANTONIO MASTRONARDI

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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: MARIO MASTRONARDI
Address: 3261 CARGO STREET
FORT MYERS, FLORIDA 33916

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAWRENCE KIRSCH
Address: 41 STATE STREET SUITE 700
ALBANY, NY 12207

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/ MARIO MASTRONARDI
Required Signature/Registered Agent

1/8/25
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