

2/1/23, 9:51 AM

Division of Corporations  
 Florida Department of State  
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# P23000008244

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ANDREW M BERNSTEIN DO PA**

Certificate of Status	0
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4:46

**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: Andrew M Bernstein DO PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6079 Shallows Way  
Naples, FL 34109

Mailing address, if different is:  
6079 Shallows Way  
Naples, FL 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General Medical Practitioner

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Andrew M Bernstein, DO, President Name and Title: \_\_\_\_\_

Address 6079 Shallows Way Address: \_\_\_\_\_

Naples, FL 34109 \_\_\_\_\_

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: CPA Partners, LLC  
 Address: 8200 113th Street N, Suite 103  
Seminole, FL 33772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andrew M. Bernstein  
 Address: 6079 Shallows Way  
Naples, FL 34109


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 30, 2023 (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.)

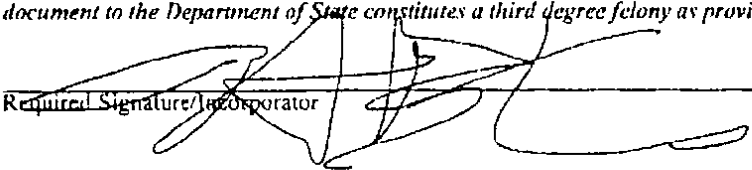
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/30/2023  
 \_\_\_\_\_  
 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

Date 1/30/23