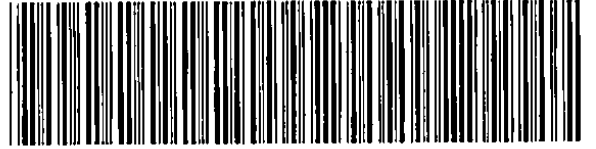


P 23000008 927



900400517829

S. CHATHAM
FEB - 5 2023

900400517829
02/06/23--01002--013 **70.0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
2023 FEB - 3 PM 3:56
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA
SECRETARY OF STATE
2023 FEB - 3 AM 11:23
TALLAHASSEE FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PHYSICIAN'S MANAGEMENT PARTNER'S

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

01/26/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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: PHYSICIAN'S MANAGEMENT PARTNER'S, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12050 SW 78 TER
MIAMI, FL 33183, US

Mailing address, if different is:
12050 SW 78 TER
MIAMI, FL 33183, US

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANAGEMENT COMPANY, HEALTH INDUSTRY

2023 FEB -3 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ERNESTO LEON (PRESIDENT)</u>	Name and Title:	_____
Address	<u>12050 SW 78 TER</u>	Address:	_____
	<u>MIAMI, FL 33183, US</u>		_____

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: CMS INTERNATIONAL ENTERPRISES, INC
 Address: 550 BILTMORE WAY, SUITE 200
CORAL GABLES, FL 331334

2023 FEB -3 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: ERNESTO LEON
 Address: 12050 SW 78 TER
MIAMI, FL 33183, US

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01.31.2023. (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

_____ 01.31.2023
 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 this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 01.31.2023
 Required Signature/Incorporator Date