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JANUARY 10, 2025

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/10/2025

Acc#I20160000072

en: c DW

Name:	Atwome - Florida, P.A.
Document #:	
Order #:	16079805

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Thank you!

COVER LETTER

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

SUBJECT: ATWOME - Florida, 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

2025 JAN 10 AM 9:47

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FROM: Donna Baldwin, DO

Name (Printed or typed)

9429 Harding Avenue, PMB # 107

Address

Surfside, FL 33154

City, State & Zip

(305) 203-2477

Daytime Telephone number

dmbaldw@gmail.com

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

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

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: ATWOME - Florida, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
9429 Harding Avenue, PMB # 107
Surfside, FL 33154

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The practice of medicine.

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CLERK OF CIRCUIT COURT
DADE COUNTY, FL

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Baldwin, DO, President, Secretary, Treasurer, Director Name and Title: _____
Address: 9429 Harding Avenue, PMB # 107 Address: _____
Surfside, FL 33154

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: C T CORPORATION SYSTEM
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donna Baldwin, DO
Address: 9429 Harding Avenue, PMB # 107
Surfside, FL 33154

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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.)

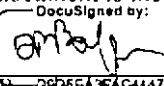
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Meredith Hellwig Meredith Hellwig Assistant Secretary
Required Signature/Registered Agent

1/9/2025
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.

DocuSigned by:
 Donna Baldwin, DO
Required Signature/Incorporator

1/9/2025
Date