

Sheila Shilati

**Incorporator Signature** 





California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448



For Office Use Only

-FILED-

File No.: 6534266 Date Filed: 1/15/2025

Corporation Name	
Corporation Name	Benjamin Flores, M.D., A Medical Corporation
Initial Street Address of Principal Office of Corporation	
Principal Address	1247 7TH STREET
	SUITE 202 SANTA MONICA, CA 90401
Initial Markey Address of Company to	C. W. H. T. WOLLOW, G. T. CO. 161
Initial Mailing Address of Corporation  Mailing Address	1247 7TH STREET
Mailing Address	SUITE 202
	SANTA MONICA, CA 90401
Attention	Benjamin Flores, M.D.
Agent for Service of Process	
Agent Name	Benjamin Flores
Agent Address	1247 7TH STREET
	SUITE 202
	SANTA MONICA, CA 90401
Shares	
The total number of shares the corporation is auth	norized to issue is: 100
Does the corporation have more than one class o	r series of shares? No
Purpose Statement	
banking or trust company business) not prohibited	e profession of Medicine and any other lawful activities (other than the d to a corporation engaging in such profession by applicable laws and rporation within the meaning of California Corporations Code section 13400
Additional information and signatures set forth of made part of this filing.	on attached pages, if any, are incorporated herein by reference and
Electronic Signature	
By checking this box, I acknowledge that I an	n electronically signing this document as the incorporator of the Corporation

01/15/2025

Date