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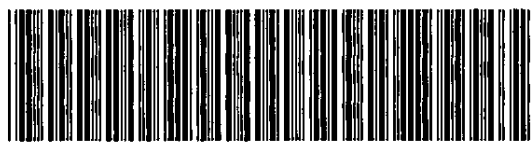
(Business Entity Name)

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## COVER LETTER

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

SUBJECT: COAMED FOUNDATION INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Dr Hector Lozano  
Name (Printed or typed)

15502 Stoneybrook West Parkway, Ste 104 PMB 229  
Address

Winter Garden, FL 34787  
City, State & Zip

(407) 694-0785  
Daytime Telephone number

coamed2013@hotmail.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  
For  
Florida Non-Profit Corporation**

Articles of Incorporation of the undersigned, a majority of who are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of Florida, do hereby certify:

**Article I**

The name of the Corporation shall be:

**COAMED FOUNDATION INC**

**Article II**

The place in this state where the principal office of the Corporation is to be located in:

2761 Ruynon Circle  
Orlando, Florida, 32837, Orange County.

The postal address is:

15502 Stoneybrook West Parkway  
Suite 104 PMB 229  
Winter Garden, Florida, 34787, Orange County.

**Article III**

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt under section 501©(3) of the Internal Revenue Code or corresponding section of any future federal tax code. . Said corporation will provide health services and assistance with health care needs to under-served communities locally and abroad, regardless of their ability of payment.

**Article IV**

The manner in which the directors are elected or appointed shall be by ballot. Details of the method will be detailed in the By-Laws.

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CLERK OF DISTRICT COURT  
ORANGE COUNTY, FLORIDA

## Article V

The names and addresses of the persons who are the initial directors and trustees of the corporation are as follows:

**Dr. Andres Perez**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Dr. Hector F Lozano**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Dr. Marcela Ramirez**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Dr. Nicolas Fernandez**  
2761 Ruynon Circle  
Orlando, Florida, 32837

## Article VI

The initial officers are:

**President:** **Dr. Andres Perez**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Vice President:** **Dr. Hector F Lozano**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Secretary:** **Dr. Marcela Ramirez**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Treasurer:** **Dr. Nicolas Fernandez**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Director:** **Dr. Jaime Carrizosa**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Director:** **Dr. Maribel Montoya**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Director:** **Dr. Javier Miller**  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Director:** Dr Juan C Escandon  
2761 Ruynon Circle  
Orlando, Florida, 32837

**Director:** Dr. John Orrego  
2761 Ruynon Circle  
Orlando, Florida, 32837

### **Article VII**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170 (c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

### **Article VIII**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

### **Article IX**

**The initial registered agent name and street address is:**

**Dr. Hector F Lozano  
2761 Ruynon Circle  
Orlando, Florida, 32837**

### **Article X**

**The incorporator name and street address is:**

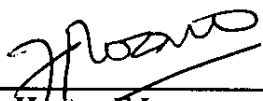
**Dr. Hector F Lozano  
2761 Ruynon Circle  
Orlando, Florida, 32837**

**Article XI**

**The effective date of this Non-Profit Corporation shall be October 10, 2015.**

**In witness whereof, we have hereunto subscribed our names this September 30, 2015.**

**Having been named as registered agent and to accept service in progress for the above stated non-profit corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. I submit this document and affirm that the facts stated herein are true. I am aware that any 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.**



**Dr. Hector F Lozano  
Registered Agent**

9/30/15

**Date**



**Dr. Hector F Lozano  
Incorporator**

9/30/15

**Date**

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