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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION WHITE DIAMOND MEDICAL CENTER CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

## H I 5 U U U U / Z / 54 ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
White Diamond Modical Pouter CORD
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3900 NW 79 Ave Unit 569
Doral F 33166
HAR
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Jose of de la Monedas (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
José M de la Monoda
3900 NW 79 Ave Unit 569
Doral Pf 33166
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Jose M de la Moneda
3900 NW 79 AUR UNIT 569
DORAL FL 33166

## Required Signatures:

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

Registered Agent

3/23/2015 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.

Incorporator

Date