

**P/600029458**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
FUERZA VITAL MEDICAL INSTITUTE, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 APR -1 AM 11:29

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TALLAHASSEE, FLORIDA

*04/04/16*

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:

Fuerza Vital Medical Institute, Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

275 Fontainebleau Blvd, Suite 245  
Miami, FL 33172

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Luis Manuel Benitez Vila - President

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STATE DEPT OF REVENUE  
CORPORATION DIVISION

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Luis Manuel Benitez Vila  
275 Fontainebleau Blvd, Suite 245  
Miami, FL 33172

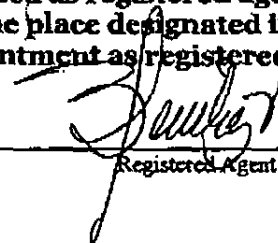
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Luis Manuel Benitez Vila  
275 Fontainebleau Blvd, Suite 245  
Miami, FL 33172

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**Required Signatures:**

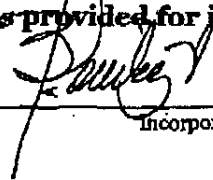
**Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity**

  
 \_\_\_\_\_  
 Registered Agent

\_\_\_\_\_  
 Date

4/1/16

**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

4/1/16

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 CORPORATION DIVISIONS

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