

P1700000651411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

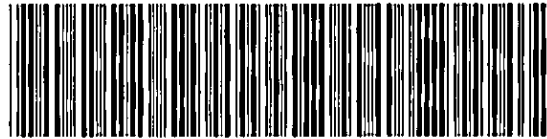
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
AUG 03 2017



600301914356

RECEIVED
17 AUG '13 AM 10:52
17:00:00
1:27

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 753020 4320913

AUTHORIZATION :

COST LIMIT : \$ 87.50



ORDER DATE : August 3, 2017

ORDER TIME : 9:49 AM

ORDER NO. : 753020-005

CUSTOMER NO: 4320913

DOMESTIC FILING

NAME: BMI HEALTHCARE HOLDINGS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

17
1:27

COVER LETTER

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

SUBJECT: BMI Healthcare Holdings, Inc.
(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

FROM: Sarah Rochman
Name (Printed or typed)

333 SE 2nd Avenue, Suite 4500
Address

Miami, FL 33131
City, State & Zip

305-347-6566
Daytime Telephone number

srochman@mwe.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: BMI Healthcare Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>2550 Douglas Road, Suite 300</u>	_____
<u>Coral Gables, FL 33134</u>	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The corporation is organized for any lawful purpose or purposes under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Victor Beraja, President and Director</u>	Name and Title: <u>Roberto Beraja, Vice President and Director</u>
Address: <u>2550 Douglas Road, Suite 300</u>	Address: <u>2550 Douglas Road, Suite 300</u>
<u>Coral Gables, FL 33134</u>	<u>Coral Gables, FL 33134</u>
_____	_____

Name and Title: <u>Esther Beraja, Secretary and Director</u>	Name and Title: <u>Matilde Beraja, Treasurer and Director</u>
Address: <u>2550 Douglas Road, Suite 300</u>	Address: <u>2550 Douglas Road, Suite 300</u>
<u>Coral Gables, FL 33134</u>	<u>Coral Gables, FL 33134</u>
_____	_____

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarah Rochman, Esq.
Address: 333 SE 2nd Avenue, Suite 4500
Miami, FL 33131

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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

M. Zender Melissa Zender 8/3/17
Required Signature/Registered Agent Asst. Vice President 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.

[Signature] _____
Required Signature/Incorporator Date