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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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2020 SEP 16 PM 4:04

FLORIDA PROFIT/NON PROFIT CORPORATION
IDEAL CARE MEDICAL CENTER INC.

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

2020 SEP 16 PM 3:25
STATE
FLORIDA
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Ideal Care Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2145 Reston Cir

Royal Palm Beach, FL 33411

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Eduar Miguel Rios (President) 50

Ivette Lopez (Vice President) 50

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Eduar Miguel Rios

2145 Reston Cir

Royal Palm Beach, FL 33411

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

Eduar Miguel Rios

2145 Reston Cir

Royal Palm Beach, FL 33411

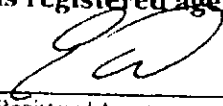
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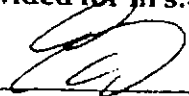
PAID

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


 _____ 09/15/2020
 Registered Agent 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.


 _____ 09/15/2020
 Incorporator Date

2020 SEP 16 PM 3:25
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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