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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 : S&S ACCOUNTING SERVICES, INC.
Account Number : I2019000091
Phone : (786)212-0491
Fax Number : (305)454-6657

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

Email Address: _____

2022 SEP -6 AM 1:39

2022 SEP -6 PM 3:15

2022 SEP -6 PM 3:15

**FLORIDA PROFIT/NON PROFIT CORPORATION
DIAZ HEALTH CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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: DIAZ HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10200 NW 25TH ST SUITE 211
DORAL FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIUBER CASTILLO, P

Address: 10200 NW 25TH ST SUITE 211
DORAL, FL 33172

Name and Title: _____

Address: _____

Name and Title: JORGE DIAZ VALDES, VP

Address: 10200 NW 25TH ST SUITE 211
DORAL, FL 33172

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2022 SEP -6 AM 1:36

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: MIUBER CASTILLO
 Address: 10200 NW 25TH ST SUITE 211
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: S&S ACCOUNTING SERVICES, INC.
 Address: 3383 NW 7 ST SUITE 304
MIAMI, FL 33125

FILED
 2022 SEP - 6 AM 1:39

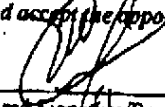
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

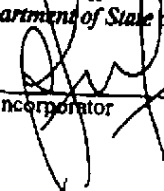


 Required Signature/Registered Agent

8/31/2022

 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.



 Required Signature/Incorporator

8/31/2022

 Date