

TRANSMITTAL LETTER

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

TELEPHONE 904.224.1117
FAX 904.224.1104
*****70.75 *****70.75

SUBJECT: ALYKAT MEDICAL CENTER INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Leonardo J. Carralero

Name (printed or typed)

3170 SW 8 St B. 206

Address

Miami FL 33135

City, State & Zip

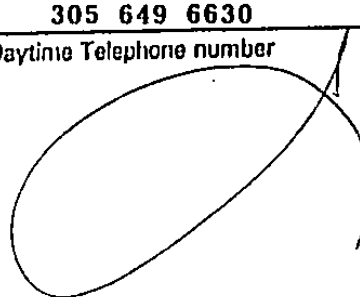
305 649 6630

Daytime Telephone number

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

96 SEP 13 PM 2:59

FILED

 9/13

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALYKAT MEDICAL CENTER INC.

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CLERK OF DISTRICT COURT
STATE OF FLORIDA
MIAMI

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3170 SW 8 St Suite 206
Miami Fl. 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares at 1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Leonardo J. Carralero
3170 SW 8 St # 206
Miami Fl. 33135

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Leonardo J Carralero
3170 8 St # 206
Miami FL 33135

Elizabeth Fernández
1003 SW 13 Ave
Miami 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of september, 1996.

Leonardo J Carralero Signature
Elizabeth Fernández Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ALYKAT MEDICAL CENTER INC

2. The name and address of the registered agent and office is:

Leonardo J. Carralero

(Name)

3170 SW 8 St # 206

(P.O. Box not acceptable)

Miami FL 33135

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Leonardo J. Carralero
(Signature)

[Signature]