

P200004331

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.

((H20000180828 3)))



H200001808283ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ASCENCION MEDICAL CENTER, INC.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Ascension Medical Center, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

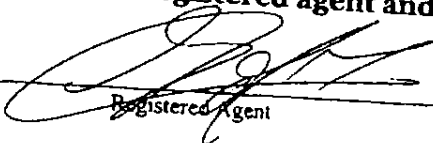
7440 N. Kendall Dr. Apt 3113
Miami, FL 33156**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Director: Guido Lopez
(PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

GUIDO LOPEZ
7440 N KENDALL DR. APT 3113
MIAMI FL 33156**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:GUIDO LOPEZ
7440 N KENDALL DR APT 3113
MIAMI FL 33156

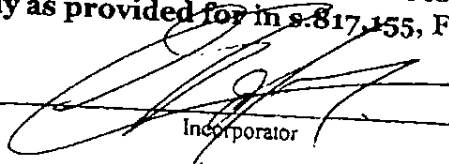
Required Signatures:

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

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 9-817.155, F.S.



Incorporator Date

TALLAHASSEE, FL 32301

2020 JUN 15 AM 4:38