

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NEW ORCHID MEDICAL CENTER, CORP.

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

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 COMMERCIAL SERVICES

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: New Orchid Medical Center, Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address:131 S. Missouri St.La Belle, FL 33935

Mailing address, if different is:

116331 NW 84 Ct.Miami Lakes, FL 33016**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To provide medical services
to the underprivileged, to significantly improve
the well-being of all members of the community.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: voting**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Teresa B. Alfonso - P Name and Title: Joel C. Armas, VPAddress: 116331 NW 84 Ct. Address: 116331 NW 84 Ct.
Miami Lakes, FL 33016 Miami Lakes, FL 33016Name and Title: Mari Luz Paulin, VP Name and Title: Alexis Molina, VPAddress: 1000 SW 142 Ave. Address: 1000 SW 142 Ave
Miami, FL 33184 Miami, FL 33184

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2022-10 PM 7:29

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: Teresa B. Alfonso - P
Address: 110331 NW 84 Ct.
Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teresa B. Alfonso - P
Address: 110331 NW 84 Ct.
Miami Lakes, FL 33016

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 of Registered Agent

06/15/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

06/15/2022
Date

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