

Florida Department of State

Division of Corporations

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
STI AND PRIMARY CARE CENTER INC

Table with 2 columns: Item, Amount. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$78.75).

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

ARTICLE I NAME

The name of the corporation shall be: STI AND PRIMARY CARE CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9766 SW 24th st suit 17
Miami FL 33165

Mailing address, if different is:

9766 SW 24th st suit 17
Miami FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Fight against all kind of STI in the community. To help homeless people. To help drug addicts and alcoholic patients. To prevent diseases. To combat current frequent, psychiatric endemic or pandemic diseases. To help the poor and liable population Others

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlon Marcos Azav Cala DR Name and Title:

Address: 9766 SW 24th st Address:
suit 17 Miami
FL 33165

Name and Title: Luis Lopez Mas DR Name and Title:

Address: 9766 SW 24th st Address:
suit 17 Miami
FL 33165

Name and Title: Edgus Lopez Sotolongo DR Name and Title:

Address: 9766 SW 24th st Address:
suit 17 Miami
FL 33165

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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: Marlon Mancos Aran Cala

Address: 9766 SW 24th St Suite 17
Miami FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlon Mancos Aran Cala

Address: 9766 SW 24th St Suite 17
Miami FL 33165

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

07/25/2024
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

07/25/2024
Date