

TRANSMITTAL LETTER

P00000043709

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

SUBJECT: CENTRO MEDICO COMUNITARIO LATINO, INC.
(Proposed corporate name - must include suffix)

500003233515--5
-05/01/00--01135--004
*****78.75 *****78.75

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: LUIS HERRERA
Name (Printed or typed)

4880 N.W. 7 St.
Address

Miami, FL 33126
City, State & Zip

(305) 444-5500
Daytime Telephone number

FILED
00 MAY -1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch MAY 8 2000

ARTICLES OF INCORPORATION

FILED

OF

00 MAY -1 AM 9:40

CENTRO MEDICO COMUNITARIO LATINO, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the Florida General Corporation Act, subject to the following provisions:

ARTICLE I NAME AND PRINCIPAL OFFICE

The name of this corporations shall be:
CENTRO MEDICO COMUNITARIO LATINO, INC.

The principal place of this corporation shall be:
4880 N.W. 7th. ST.
MIAMI, FL 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock which the corporation shall have outstanding at any time, shall be **ONE THOUSAND (1,000)** shares of stock which shall be common stock of a par value of **ONE (\$1.00)** Dollars per share. All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in property, real or personal, or in services, at a true valuation thereof.

This corporation shall begin business with a minimum capital of the amount of **ONE THOUSAND (\$1,000.00)** Dollars.

ARTICLE IV EFFECTIVE DATE

This corporation shall have an effective date of:
05/01/2000.

ARTICLE V OFFICERS DIRECTORS

The business of the Corporation shall be managed and controlled by a Board of Directors, consisting of not less than One (1) Director.

The names(s) and street address(es) of the initial officer(s) and director(s), who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

BOARD OF DIRECTORS

RODOLFO PATAKY 11455 S.W. 109 RD., UNIT B
MIAMI, FL 33176

LUIS HERRERA 4880 N.W. 7 ST.
MIAMI, FL 33126

OFFICERS

RODOLFO PATAKY 11455 S.W. 109 RD., Unit B President
MIAMI, FL 33176

LUIS HERRERA 4880 N.W. 7 ST. Sec.-Treas.
MIAMI, FL 33126

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation and a statement of the number of shares which each mutually agree to take, is(are) as follows:

RODOLFO PATAKY 11455 S.W. 109 RD., Unit B 1,000 shares
MIAMI, FL 33176 \$1.00 each

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26 day of April, 2000.

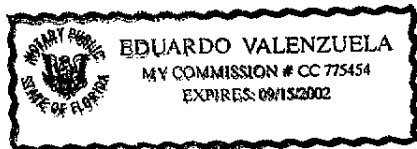
Signature(s) of Incorporator(s)

R. Pataky
ID: FL DL.

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 26 day of April, 2000, by Rodolfo PATAKY
OF CENTRO MEDICO COMUNITARIO LATINO, INC.

(Name of Corporation)



P. J. [Signature]
Notary Public

My Commission Expires:
CC 775454 09/15/2002

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: CENTRO MEDICO COMUNITARIO LATINO, INC.

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


4880 N.W. 7 ST.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33126

(CITY/STATE/ZIP)

SIGNATURE



TITLE

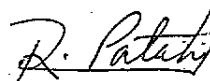
(Corporate Officer)
Sec. - Tasa.

DATE

04-26-00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



DATE

4/26/00

FILED
00 MAY - 1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA