

P00000107632

Osvaldo Martinez
90 CLINICAS FINLAY
415 West 49 Street
Address
Hialeah FL 33012
City/State/Zip Phone #

FILED
00 NOV 16 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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-11/16/00--01084--009
*****87.50 *****87.50

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF
CLINICAS FINLAY OF HIALEAH, INC.

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

ARTICLE I. CORPORATE NAME

The name of this Corporation is:

CLINICAS FINLAY OF HIALEAH, INC.

The translation for this Corporation is:

FINLAY CLINICS OF HIALEAH, INC.

ARTICLE II. PRINCIPAL OFFICE

The place of business is:

415 WEST 49 STREET
HIALEAH, FLORIDA 33012

The mailing address is:

P.O. BOX 141966
MIAMI, FLORIDA 33114-1966

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have is Five Hundred (500) having a par value of One Dollar (\$1.00) per share.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The Registered Agent for this Corporation in the State of Florida shall be:

OSVALDO MARTINEZ
415 WEST 49 STREET
HIALEAH, FLORIDA 33012

ARTICLE V. INITIAL DIRECTOR

OSVALDO MARTINEZ
16020 WEST PRESTWICK PLACE
MIAMI LAKES, FLORIDA 33014

ARTICLE VI. INITIAL OFFICERS

PRESIDENT/SECRETARY
OSVALDO MARTINEZ
16020 WEST PRESTWICK PLACE
MIAMI LAKES, FLORIDA 33014

ARTICLE VII. INCORPORATOR

OSVALDO MARTINEZ
415 WEST 49 STREET
HIALEAH, FLORIDA 33012



Signature/Incorporator

11/15/00

Date

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.



Signature/Registered Agent

Date

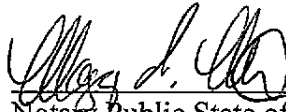
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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, a Notary Public, personally appeared Osvaldo Martinez, who is personally known to me and did take an oath, to me known to be the person described as the Incorporator and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he subscribed to these Articles of Incorporation.

Witness my hand and official seal at Miami, Miami-Dade County, Florida this 15 day of November, 2000.



Notary Public State of Florida

MY COMMISSION EXPIRES:

NOTARY PUBLIC
STATE OF FLORIDA
MAGGIE I. MARTINEZ
COMMISSION # CC 674033
EXPIRES OCT 14, 2001
BONDED THRU
ATLANTIC BONDING CO., INC.