

TRANSMITTAL LETTER

PO1000056560

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

SUBJECT: MIDWAY HEALTHCARE CENTER, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004337663--8
-06/01/01--01042--017
*****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: NELSON BONET
Name (Printed or typed)

8260 W FLAGLER ST #2-B
Address

MIAMI, FL 331
City, State & Zip

(305) 227-2264
Daytime Telephone number

FILED
01 JUN - 1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ajc 6/7

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MIDWAY HEALTHCARE CENTER, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8260 W FLAGLER ST # 2-B
MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ORGANIZING A BUSINESS CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 1,000, ALL OF WHICH SHALL BE
COMMON SHARES. THE PAR VALUE OF EACH SHARE SHALL BE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) FIFTY CENTS. (.50)

The name(s) and address(es):

NELSON BONET - PRESIDENT
8260 W FLAGLER ST # 2-B
MIAMI, FL 33144

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NELSON BONET - REGISTERED AGENT
8260 W FLAGLER ST # 2-B
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NELSON BONET - PRESIDENT
8260 W FLAGLER STREET # 2-B
MIAMI, FL 33144

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

Signature/Registered Agent

Date

05-22-01

Signature/Incorporator

Date

05-22-01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN - 1 PM 2:32

FILED