165/// **3320 S.W. 87 AVENUE** MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Compretion Name) (Document #) (Document #) (Comoration Name) Pick up time 2.60 6 Certified Copy Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent **Limited Liability** Dissolution/Withdrawal Domestication Other REGISTRATION OTHER FUNGS UUALIFICATION Annual Repolit Foreign **Flotitious Name** Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials Other

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: MELISSA MEDICAL CENTER CORP.



ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

76 AVE 150 SW

MIAMI

F.L 33144

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

76 AVE MIAMI EL 33144 SW YOEI PEREZ 150

ARTICLE V - INCORPORATOR

| ; | AKTICLE V - IIVC | LUKTUKA | <u> 1011</u> | | | | - |
|---|---|---|---|---|------------------------------------|--|------------|
| The name and streen S incorporation is: S | et address of the $PEREZ$ | he incorpo | orator to SW | these Article 76AVC | s of Miami | E.L | 33144 |
| The undersigned in Incorporation this | ncorporator has | s executed | d these A | rticles of | | | |
| | ARTICLE | VI- DIREC | TOR(S) | | - | | |
| The name(s) and incorporation is (a yoek | re): PEREZ | es) of the | director(: | s) to these Ai | ticles of | 331 | 4 y |
| CERTIFICATE OF DE | SIGNATION OF RI | EGISTERED | AGENT /I | REGISTERED O | <u>FFICE</u> | | |
| Having been named above stated corpor the appointment as agree to comply with complete performations of my page 1 | ration at place de Registered Agen th the provisions nce of my duties, | esignated i t and agre of all stati and I am | n this cer se to act ii utes relate familiar v | tificate, I here 1 this capacity 2d to the prop | by accept . I further er and | The state of the s | |