

PO2000123167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

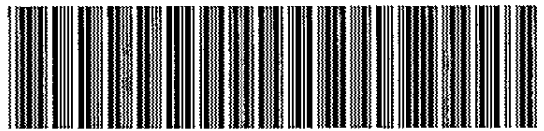
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RECEIVED  
NOV 19 11:39 AM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Office Use Only



500008951235

11/19/02--01059--009 \*\*78.75

FILED  
02 NOV 19 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**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):

1. CARIBBEAN HEALTH RESORT, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## **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:

**CARIBBEAN HEALTH RESORT, INC.**

### **ARTICLE II – PRINCIPAL OFFICE**

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

8382 N.W. 70<sup>th</sup> STREET  
MIAMI, FLORIDA 33166

### **ARTICLE III – SHARES**

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

**400 SHARES**

### **ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**GONZALO CARPINTERO  
8382 N.W. 70<sup>th</sup> STREET  
MIAMI, FLORIDA 33166**

**FILED**  
02 NOV 19 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

02 NOV 19 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

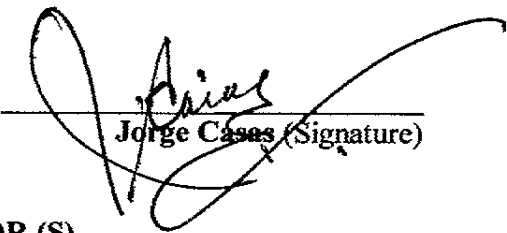
**ARTICLE V – INCORPORATOR**

The name and the street address of the incorporator to these Articles of Incorporation is:

Jorge Casas

8382 N.W. 70<sup>th</sup> STREET  
MIAMI, FLORIDA 33166

The undersigned incorporator has executed these Articles of Incorporation this 14<sup>th</sup> day of November of 2002.

  
Jorge Casas (Signature)

**ARTICLE VI – DIRECTOR (S)**

The name (s) and street address (es) of the director (s) to these Article of Incorporation is (are):

**JORGE CASAS, PRESIDENT**

**JUAN SARDA, VICE-PRESIDENT/SPECIAL PROJECTS & CONSTRUCTION**  
**GONZALO CARPINTERO, VICE-PRESIDENT/DIRECTOR & CO-ORDINATION**  
**CARLOS CARPINTERO, VICE-PRESIDENT/DIRECTOR MEDICAL SERVICES**

8382 N.W. 70<sup>th</sup> STREET  
MIAMI, FLORIDA 33166

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 status related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Gonzalo Carpintero (Signature)