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03 MAR 27 PM 1:39
SECURITY OF STATE
TALLAHASSEE, FLORIDA

APR 02 2003

TRANSMITTAL LETTER

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

SUBJECT: Servimedics Health Center, Inc.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of
incorporation and our check for \$_____

FROM: Servimedics Health Center, Inc.

Name (printed or type)

17905 SW 1 Street

Address

Pembroke Pines, Fl. 33029

City, State & Zip Code

954-704-9475

Telephone number

Note: Please provide the original and one copy of the Articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Sevimedics Health Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17905 SW 1 Street
Pembroke Pines, Fl. 33029

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Fanny Gonzalez
17905 SW 1 Street
Pembroke Pines, Fl. 3029

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of incorporation is (are) :

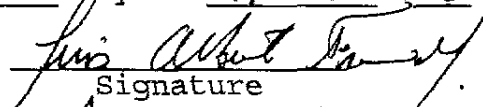

Luis Alberto Franco
17905 SW 1 Street
Pembroke Pines, Fl. 33029

President

Jorge Enrique Rodriguez
17905 SW 1 Street
Pembroke Pines, Fl. 33029

Vice-President

signed incorporator (s) has (have) executed these Articles of incorporation this 21 day of MARCH 20 03


Signature

Signature

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE
REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

Servimedics Health Center, Inc.
name of the corporation is _____

17905 SW 1 Street
Pembroke Pines, Fl. 33029
The address of the corporation is _____

The name and address of the registered agent and office is:

Fanny Gonzalez

Name

17905 SW 1 Street

(P O Box or Mail Drop Not acceptable)

Pembroke Pines, Fl. 33029

(City / State / Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept services 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 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)

03/21/2003

(Date)