

P04000014154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

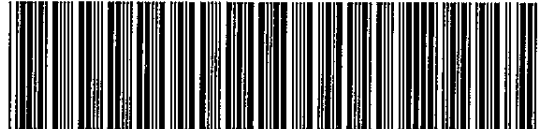
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/04--01012--017 **708.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JAN 20 AM 10:52

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 20 AM 10:37

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE: 101

Address

CORAL GABLES, FL 33134 305-444-4994

City/State/Zip

Phone #

Office Use Only

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

1. Capital Diagnostic Center, Inc.
(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
☐	NonProfit
☐	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
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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:

Capital Diagnostic Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5600 SW 135 AVE #109
Miami, FL 33183**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any & All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares At \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Carlos Lopez Rivera
5600 SW 135 AVE #109
Miami, FL 33183**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Carlos Lopez Rivera
5600 SW 135 AVE #109
Miami, FL 33183**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Carlos Lopez Rivera
5600 SW 135 AVE #109
Miami, FL 33183

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

Signature/Incorporator

Date

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 20 AM 10:38