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OFFICE USE ONLY(DOCUMENT #)	·			
LAZARUS CORPORATE FIL	ING SERVICE	,		
3320 S.W. 87 AVENUE				
MIAMI, FLORIDA (305)552-5973				
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CORPORATION NAME(S) & I	سسل ا	SER(S) (if known):		
1. IBE MEDICA	L CENTER	, INC.		
(Corporation Name)	<u> </u>	(Document #)		
2. (Corporation Name)		(Document #)		
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NEW FILINGS	AMENDME	INTS	,	
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4	Trademark			

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:

Ibe Medical Center, INCTION

## ARTICLE II - PRINCIPAL OFFICE

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

8300 W. FLAGLER ST. SWITE 230 MINNI, FL. 33/44

# ARTICLE III -SHARES

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

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose RAMON Alons

2300 W. FLAGLER ST. SWITE 230 Minmi FL 33/44

#### **ARTICLE V - INCORPORATOR**

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

JOSÉ RAMON ALONSO 8300 W Flagger ST. SVITE 230 Minni, Pl 33/44

The undersigned incorporator has executed these Articles of Incorporation this 03 day of Ruyust 20.04

Signature

# ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):  $\overset{\triangleright}{\vdash} \overset{\sim}{\vdash} \overset{\sim}{\vdash}$ 

**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 statutes 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.

**Registered Agent Signature**