

P04000150554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

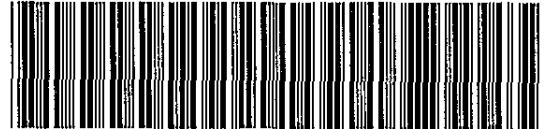
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

9

11/3

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. Marymar Medical Center, Corp.  
(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	
<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

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TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**FOR**

*MARYMAR MEDICAL CENTER, CORP.*

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I**

The name of the corporation shall be:

**MARYMAR MEDICAL CENTER, CORP.**

**ARTICLE II**

This corporation shall commence existence upon the date of filing with Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

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

600 NW 35<sup>TH</sup>. AVE.  
Miami FL 33125

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#### *ARTICLE IV*

The general nature of business of this corporation is to transact any and all lawful business in Florida.

#### *ARTICLE V*

The aggregate number of shares, which this corporation shall have authority to issue, are 1,000 shares having an individual par value of \$1,000.00 unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### *ARTICLE VI*

The name(s) and address (es) of the initial Registered Agent of this corporation shall be:

Name: MANUEL ALVAREZ-JACINTO  
Address: 5321 SW 87<sup>TH</sup>. AVE  
Miami Fl 33165

## **ARTICLE VII**

The name and address of the officers and initial board of directors shall be:

Name: Manuel Alvarez-Jacinto-----President  
Address: 5321 SW 87<sup>th</sup>. Ave  
Miami Fl 33165

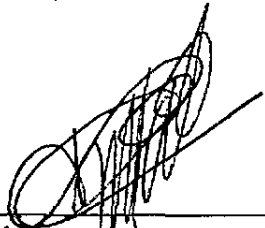
Name: Martha Alvarez-Jacinto-----Vice-President  
Address: 5321 SW 87<sup>th</sup>. Ave  
Miami Fl 33165

Name: Marlene Alvarez-Jacinto-----Treasury  
Address: 10065 NW 46<sup>th</sup>. Street # 1-206  
Miami Fl 33178

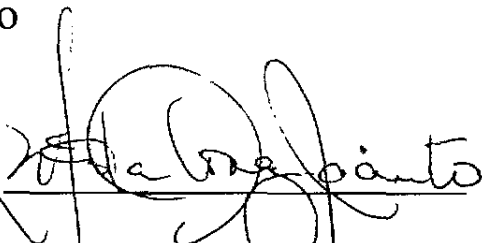
## **ARTICLE VIII**

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

Name: Manuel Alvarez-Jacinto  
Address: 5321 SW 87<sup>th</sup>. Ave  
Miami Fl 33165

  
\_\_\_\_\_  
Signature

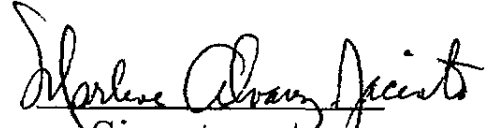
Name: Martha Alvarez-Jacinto  
Address: 5321 SW 87<sup>th</sup>. Ave  
Miami Fl 33165

  
\_\_\_\_\_  
Signature

Name: Marlene Alvarez-Jacinto

Address: 10065 NW 46<sup>th</sup>. Street # 1-206

Miami Fl 33178

  
Signature

The undersigned has executed these Articles of  
Incorporation this 28 day of October, 2004

### ARTICLE IX

#### Shareholders:

Name: Manuel Alvarez-Jacinto

Address: 5321 SW 87<sup>th</sup>. Ave

Miami Fl 33165

Shares--- 90%


  
Signature

Name: Martha Alvarez-Jacinto

Address: 5321 SW 87<sup>th</sup>. Ave

Miami Fl 33165

Shares--- 5%

  
Signature

Name: Marlene Alvarez-Jacinto

Address: 10065 NW 46<sup>th</sup>. Street # 1-206

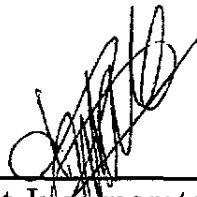
Miami Fl 33178

Shares--- 5%

  
Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND  
TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION AT THE PALACE  
DESIGNATED IN THE ARTICLES OF  
INCORPORATION, 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  
COMPLETE PERFORMANCE OF MY DUTIES AND I  
AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATIONS POSITION AS REGISTERED AGENT.



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Registered Agent-Incorporator

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