

P05000044391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

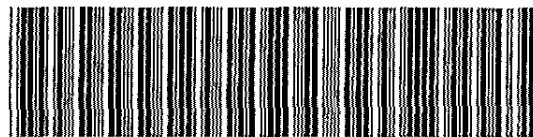
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 17 PM 1:53

## TRANSMITTAL LETTER

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

SUBJECT: Z. I.M.B. INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ZENOBIA MIRO-BERKELEY

Name (Printed or typed)

2261 NORTH UNIVERSITY DRIVE #101

Address

PEMBROKE PINES, FL. 33024

City, State & Zip

(954)962-4680

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## 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:

Z.I.M.B. INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2261 NORTH UNIVERSITY DRIVE, SUITE 101  
PEMBROKE PINES, FL. 33024

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
MEDICAL CENTER

### ARTICLE IV SHARES

The number of shares of stock is:

1000 at \$100.00 per Share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Zenobia Miro-Berkerly  
2261 North University Dr. #101  
Pembroke Pines, FL. 33024

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charles Inije  
16499 N.E. 19 Avenue #213A  
North Miami BCh, FL. 33162

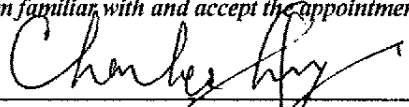
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Zenobia Miro-Berkeley  
2261 North University Dr. #101  
PEmbroke Pines, FL. 33024

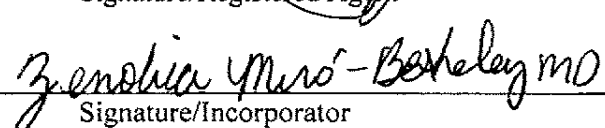
\*\*\*\*\*

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

03/14/2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

03/14/2005

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
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