6139 Department of **Division** of Corporations

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To: Division of Corporations Fax Number : (850)205-0381 ഗ \triangleright From: Account Name : EMPIRE CORPORATE KIT COMPAN ليي Account Number : 072450003255

: (305)634-3694

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

sky medical center, inc.

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+t0500009321 **ARTICLES OF INCORPORATION** OF SKY MEDICAL CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: SKY MEDICAL CENTER, INC.

ARTICLE II

This corporation shall commence business on the date of filing of these articles of incorporation.

ARTICLE III

The Principal place of business of this corporation: 8325 WEST 24th STREET BAY NO.5, HIALEAH, FL 33016

ARTICLE IV

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

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is <u>100</u> shares common stock having an individual par value of \$<u>1.00</u>

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

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: OREL FERNANDEZ, 8325 WEST 24th STREET BAY NO.5, HIALEAH, FL 33016

ARTICLE VII

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

PRES\SEC\TREAS

OREL FERNANDEZ

8325 WEST 24th STREET BAY NO.5, HIALEAH, FL 33016

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this <u>14th</u> Day of <u>APRIL</u> 2005.

INCORPORATOR Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED:OFFICE

Medical (Name of Corporation)

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

REC TERED AGENT

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CRETARY OF STATE