# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)599-0839

# FLORIDA PROFIT CORPORATION OR P.A.

# QUALITY HEALTH CENTER, INC.

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## ARTICLES OF INCORPORATION

OF

MILLANASSEE, FLORIDA

### QUALITY HEALTH CENTER, INC.

I , the undersigned, do hereby acknowledge and file in the office of the Secretary of State of the State Of Florida, for the purpose of forming a Corporation for profit, in accordance with the Laws of State Of Florida, and do hereby adopt the following Articles of Incorporation.

### ARTICLE 1

The name of the Corporation shall be : QUALITY HEALTH CENTER, INC.

### ARTICLE 2

The general nature of the business and business to be transacted are as follows: This Corporation may engage in any activity or business permitted under the Laws of the UNITED STATES OF AMERICA and the STATE OF FLORIDA.

#### ARTICLE 3

#### SHARES

- a) The authorized capital stock of this Corporation shall consist of one class, namely common stock.
- b) The authorized capital stock of this Corporation shall consist of Five Hundred . Shares of Capital Stock at \$ 1.00 Par Value.

#### ARTICLE 4

The Corporation shall have perpetual existence.

### ARTICLE 5

The amount of capital with which this Corporation shall begin shall be not less than Five Mundred Bollars.

Prepared by

RIGOBERTO CORT 570 N.W. 82nd PLACE # 290 MIAMI,FL. 33126

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#### ARTICLE 6

The initial Post Office address of principal place of business of this Corporation shall be 570 N.W.82nd Place # 290 MIAMI, FL. 33126

#### ARTICLE 7

The Corporation shall have not less than one nor more than five Directors as provided by the Bylaws and they shall hold office for one year or until their successors have been duly elected.

#### ARTICLE 8

NAME TITLE ADDRESS

RIGOBERTO GORT PRESIDENT, SECRETARY 570 N.W. 82nd PLACE # 290
MIANT, FL. 33126

#### ARTICLE 9

The registered agent of this Corporation shall be RIGOBERTO GOET 570 N.W. 82nd PLACE # 290 MIAMI, FL. 33126

## ARTICLE 10

The names and Fost Office addresses of the subscribers to the ARTICLES OF INCORPORATION are as follows :

NAME ADDRESS

RIGOBERTO CORT

570 N.W. 82nd PLACE # 290 MIAMI,FL. 33126.

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\_ 3 \_

SUBSCRIBED at Miami, Dade County, Florida, this 11 day of October , A.D. 2005.

\* RIGOBERTO GORT

day of OCTOBER A.D., 2005.

| STATE OF FLORIDA COUNTY OF DADE | ss:   |
|---------------------------------|---|
| <del>-</del>                    | on this day before me, a Notary Public of the State of Florida, and acting, personnally appeared RIGOBERTO GORT     |
|                                 | , and being by me first duly sworn and cautioned, upon their oath   |
| 7                               | that they acknowledged that they had signed the above and foregoin<br>RPORATION for the purposes therein set forth. |

WITNESS my hand and official seal at Miami, Dade County, Florida, this 11

NOTARY PUBLIC



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE
DF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE THAT YOU STATE
SERVED.

| In pursuance of Chapter 48.091, Florida Statutes, the following is   |
|--|
| submitted, in compliance with said Act:                              |
| THE THE METERS WE AS ONLY CONTROL THE                                |
| First That QUALITY HEALTH CENTER, INC.                               |
| desiring to organize under the laws of the State of FLORIDA with its |
| principal office, as indicated in the Articles of Incorporation at   |
| City of MIAMI County of MIAMI-DADE State of                          |
| Florida, has named RIGOSERTO GORT                                    |
| located at 570 N.W.82nd PLACE # 290                                  |
| City of MIAMI , County of MIAMI-DADE                                 |
| State of Florida, as its Agent to accept service of process within   |
| this State.  |
| • •  |
| ACKNOWLEDGMENT: ( MUST BE SIGNED BY DESIGNATED AGENT )               |
| ACAROMIEDOMERI: ( TEGI DE SIGNED DI DESIGNATED ROSER)                |
|  |
| Having been named to accept service of process for the above stated  |
| Corporation, at place designated in these Articles of Incorporation, |
| I, hereby, accept to act in this capacity, and agree to comply with  |
| the provision of said dat relative to beening ones gold office       |

RECESTED AGE

RIGOBERTO CORT