

PO6000141093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

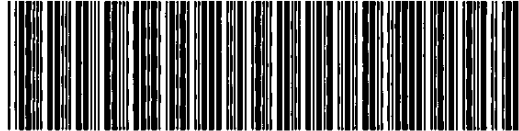
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

28.11-8

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. LATIN CLINIC CORPORATION  
(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

Examiner's Initials

Articles of Incorporation  
Of  
LATIN CLINIC CORPORATION

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation.

**Article I**

The name and address of the corporation

**LATIN CLINIC , CORPORATION  
10855 SW 72 STREET # 24  
MIAMI, FLORIDA. 33173**

**Article II**

The period of its duration is perpetual.

**Article III**

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

**Article IV**

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all lawful business for which the corporation may be incorporated under the Florida General Corporation Act.

**Article V**

The aggregate number of shares, which the corporation shall have authority to issue, is one hundred (100) shares of capital stock at \$1 par value.

**Article VI**

The number of director(s) constituting the initial Board of Directors of the corporation is one (1) and the name(s) and address(es) of the person(s) who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified

**P/D: HERNANDO J. BECERRA 10855 SW 72 ST # 24 Miami, FL 33173**  
**VP/S/D: JAIME VASQUEZ 10855 SW 72 ST #24 Miami, FL. 33173**

**Article VII**

The shares of capital stock of this corporation shall be issued to the following person(s)

**Hernando J. Becerra .....50 %**  
**Jaime Vasquez.....50%**

**Article VIII**

The name an address of the Incorporator and address of the principal office

**Hernando J. Becerra  
10855 SW 72 St.# 24  
Miami, Fl. 33173**

**Article IX**

The name and address of the initial Registered Agent

**Hernando J. Becerra  
10855 SW 72 ST # 24  
Miami, Fl 33173**

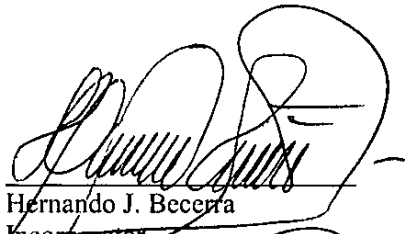
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Incorporation  
Of  
LATIN CLINIC CORPORATION

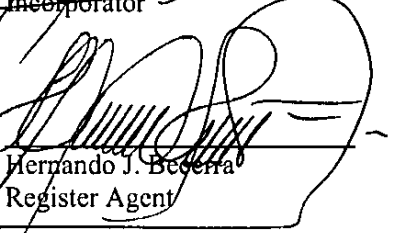
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06 NOV -7 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Hernando J. Becerra  
Incorporator



Hernando J. Becerra  
Register Agent

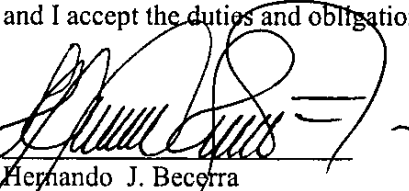
**Certificate of Designation of Registered Agent and Registered Office**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent and Registered Office, in the State of Florida.

1. The name of the corporation: **LATIN CLINIC CORPORATION**
2. The name and address of the Registered Agent:

**LATIN CLINIC, CORPORATION**  
**10855 SW 72 ST # 24**  
**MIAMI, FL. 33173**

Having been named to accept service of process for the above stated corporation, at the place designated in the certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations of section 607.325, Florida Statutes.



Hernando J. Becerra  
Registered Agent