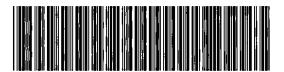
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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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# LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

**Examiner's Initials** 

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in 2.00 Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** N Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

# **ARTICLES OF INCORPORATION**

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation

Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I**

<u>NAME</u>

The name of the corporation shall be:

## JH SHALOM MEDICAL CENTER, CORP

#### ARTICLE II

#### PRINCIPAL OFFICE

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

19403 SW 114 PL MIAMI, FLORIDA 33157

#### **ARTICLE III**

#### **SHARES**

The number of shares, which the corporation is authorized to issue and have outstanding at any time, is 1000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

#### **ARTICLE IV**

# **INITIAL REGISTERED AGENT AND STREET ADDRESS**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That JH SHALOM MEDICAL CENTER, CORP. Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name ANDRES ECHEMENDIA of, 19403 SW 114 PL MIAMI, FLORIDA 33157 of its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

ANDRES ECHEMENDA

#### **ARTICLE V**

# **INCORPORATOR (S)**

06 NOV 20 PM 12: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name(s) and street address of the incorporate(s) to these Articles of Incorporation is (are):

ANDRES ECHEMENDIA

**50% SHARES** 

19403 SW 114 PL

MIAMI, FL 33157

YULIET MENENDEZ

**50% SHARES** 

19403 SW 114 PL

MIAMI, FL 33157

#### **ARTICLE VI**

## **DIRECTOR (S)**

The name(s) and street address of the director(s) to these Articles of Incorporation is (are):

ANDRES ECHEMENDIA

P/D

19403 SW 114 PL

MIAMI, FL 33157

YULIET MENENDEZ

V/P/T/S

19403 SW 114 PL MIAMI, FL 33157

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this  $15^{TH}$  Day of November 2006.

SIGNATURE

SIGNATURE