

# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

: (850)205-0381 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

# FLORIDA PROFIT/NON PROFIT CORPORATION

### SAPPHIRE HEALTH CENTER INC.

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Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## <u>ARTICLE I NAME</u>

The name of the corporation shall be: Sapphire Health Center Inc.

## <u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be: 6365 Taft Street Suite 3005 Hollywood, Fl. 33024

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

## ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are: Candida Maria Cuellar 6365 Taft Street Suite 3005 Hollywood, FL 33024

#### ARTICLE Y INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Candida Maria Cuellar 6365 Taft Street Suite 3005 Hollywood, Fl. 33024

#### ARTICLE VI OFFICERS AND DIRECTORS

Candida Maria Cuellar 6365 Taft Street Suite 3005 Hollywood, Fl. 33024

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 statues 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.

Signature/Registered Agent

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