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CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.06 Certified Copy ☐ Photocopy Mail out Will wait Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/OUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

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ARTICLES OF INCORPORATION

2007 JUL 26 A 9: 04

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF STATE FORMING A TALLAHASSEE, FLORIDA CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:
A & C Medical Center Services, CORp.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

10550 NW 77 C+ # 2" - 223 Haleah Gardons, FL 33016

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Yusimi Alvarez 10550 NW +>C+ # 223 Haleah Gardens, FL 33016

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE AR FICLES OF INCORPORATION IS (ARE):

Musimi AlvaREZ (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERE) AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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