

SEP/05/2013/THU 11:40 AM

9/5/13

FAX No.

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PALMED CENTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
13 SEP -5 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR 9/6/13

SEP/05/2013/THU 11:41 AM

FAX No.

P.002

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

PALMED CENTER, INC.

13 SEP -5 PM 12:11

ARTICLE II PRINCIPAL OFFICE

Principal street address

6907 NW 77 AVE

MIAMI, FL 33166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

6907 NW 77 AVE

MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **(PRESIDENT) PABLO SICILIA**

Address

1498 NW 15 ST #501

MIAMI, FL 33125

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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FAX No.

P. 003

FILED (cont.)

13 SEP -5 PM 12:11

Name and Title:	_____	Name and Title:	SECRETARY OF STATE
Address	_____	Address:	TALLAHASSEE, FLORIDA
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PABLO SICILIA
Address: 6907 NW 77 AVE
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PABLO SICILIA
Address: 6907 NW 77 AVE
MIAMI, FL 33166

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

9/4/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

9/4/2013

Date