

P1400002428

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION

FRIENDS OF FAMILY HEALTH, CORP

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

RECEIVED

14 JAN -9 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

14 JAN -9 PM 12: 59

01/10/14

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

ARTICLE I NAME

The name of the corporation shall be: FRIENDS OF FAMILY HEALTH, CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

17241 SW 143 CT
MIAMI, FL. 33177

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO AS MUCH AS WE CAN FOR OUR PATIENTS
HEALTH.

ARTICLE IV SHARES

The number of shares of stock is:

100

14 JAN -9 PM 12:59
STATE OF FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LEONARDO TROBATO-LOBAYNA, ARNP. (PRESIDENT)

Address:

SAME AS ABOVE

Name and Title:

YENISEY CRESPO (VICE PRESIDENT)

Address:

Name and Title:

Address:

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(cont.)

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: LEONARDO TROBAJO-LOBAYNA
 Address: 17241 SW 143 CT
MIAMI, FL, 33177

STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONARDO TROBAJO-LOBAYNA
 Address: 17241 SW 143 CT
MIAMI, FL, 33177

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 01/09/14
 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 01/09/14
 Date

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