## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000139998 3)))



H140001399983ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC

Account Number: I20000000146

Phone : (305) 444-4994

Fax Number

: (305)444-4977

\*\*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 HEALTH MEDICAL CONSULTANT, INC

Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$78.75		

FAX No.



14 JUN 12 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLES OF INCORPORATION

ΩE

HEALTH MEDICAL CONSULTANT, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### **ARTICLE LNAME**

The name of the corporation shall be: HEALTH MEDICAL CONSULTANT, INC.

The principal place of business of this corporation shall be: 1028 SW 143 PL Miami, F1 33184

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. ( consulting )

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 Shares

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

PD Carlos D Vallina 1028 SW 143 PL Miami, Fl 33184

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Carlos D Vallina 1028 SW 143 PL Miami, Fl 33184

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of JUNE , 2014.

Signature(s) of incorporator(s)

FAX No.



14 JUN 12 PM 1:25

# CERTIFICATE OF DESIGNATION SECRETARY OF STATE TALLAHASSEE, FLORIDA REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

		,			
The name of the corporation	HEALTH I	MEDICAL	CONSUL	ring, inc	
2. The name and address of the	registered	agent an	d office is:	Carlos	D Vallina
	SW 143 1				
(P.O.	BOX NOT	ACCEPT	ABLE)		•
Miam	i, Fl 33°	184			•
	(CITY/ST				·
		SIGNAT		porate offi	cer)
		DATE_	6/10/14		
HAVING BEEN NAMED TO AC STATED CORPORATION, AT T HEREBY AGREE TO ACT IN COMPLY WITH THE PROVISION AND COMPLETE PERFORMAN AND OBLIGATIONS OF SECTIC	HE PLACE THIS CAP NS OF ALL ICE OF MY IN 607.325,	DESIGN PACITY, STATUT DUTIES FLORID SIGNATI	IATED IN AND IF ES RELAT 3, AND IA A STATU	THIS CER TURTHER A TIVE TO THE ACCEPT TO TES.	TIFICATE, I AGREE TO IE PROPER