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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PEDRO CACERES MEDICAL INC

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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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April 21, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

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SUBJECT: PEDRO CACERES MEDICAL INC
REF: W15000027849

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H150000910224

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15 APR 21 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

PEDRO CACERES MEDICAL INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7250 W 24 ave Ste 18
Hialeah FL 33016

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Pedro Caceres Perez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Pedro Caceres Perez
7250 W 24 Ave Ste 18
HIALEAH FL 33016


ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Pedro Caceres Perez
7250 W 24 Ave Ste 18
Hialeah FL 33016

H15000096224

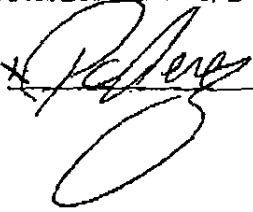
Required Signatures:

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



 Registered Agent: _____ 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.



 Incorporator: _____ Date _____

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