

P15000036292

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SAN LAZARO MEDICAL INC**

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

15 APR 22 PM 3:50
ALV-11

ARTICLES OF INCORPORATION H15000098363
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

SAN LAZARO Medical inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7250 W 24 Ave suite #24
Hialeah FL 33016

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Reinier Quevedo Quintana(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Lazaro Luis Quintana Ramos
7250 W 24 Ave suite 24
HIALEAH FL 33016

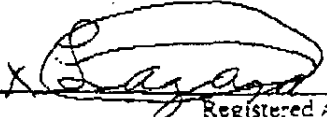
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Lazaro Luis Quintana Ramos
7250 W 24 Ave suite 24
HIALEAH FL 33016

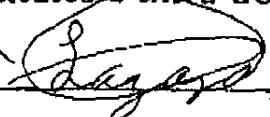
H15000098363

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

X  _____
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.

X  _____
Incorporator Date

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