

03/17/2006 06:25

#278 P 01/03

P15000040871

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.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY -6 PM 1:50

APPROVED
AND
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
CLINICA DON BOSCO INC**

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

15 MAY -6 PM 4:57

TALLAHASSEE, FLORIDA

1/1

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

#2679 P:002/003
H15000111305
FILED

15 MAY -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

Clinica Don Bosco Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1444 West Flagler ST
Miami FL 33135

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

P: Exequiel F. Valdivia
D: Mayra Almanza

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Exequiel F. Valdivia
1444 West Flagler ST
Miami FL 33135

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

Exequiel F. Valdivia
1444 West Flagler ST
Miami FL 33135

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03/17/2033 06:25

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#2678 P.003/003

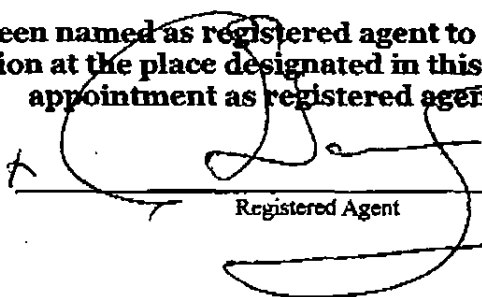
H15000111305

15 MAY -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

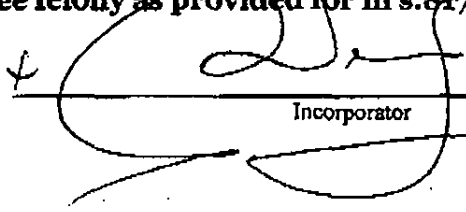


Registered Agent

05-06-2015

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

05-06-2015

Date

H15000111305