

Florida Department of State

Division of Corporations

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
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****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

VLO MEDICAL CENTER, INC.

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

MAY 27 2015
S. GILBERT

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

VLO Medical Center, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2100 W 76th Suite 405
Hialeah FL 33019

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Dayana Valdes, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 AM 8:54

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Dayana Valdes
2100 W 76th Suite 405
Hialeah FL 33019

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

Dayana Valdes
2100 W 76th Suite 405
Hialeah FL 33019

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04/06/2033 04:54
05/26/2015 11:59

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ANETT LOPEZ LAW

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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

Anett Lopez Law
Registered Agent

5/26/15
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.

Dayana Valdes
Incorporator

5/26/15
Date

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