

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SUNRISE CLINIC CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Sunrise Clinic Center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

21 NW 60th AVEMIAMI FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lazaro Reynier Moreno (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 Reynier Moreno21 NW 60th AVEMIAMI FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lazaro Reynier Moreno21 NW 60th AVEMIAMI FL 33126SECRETARY OF STATE
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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

Lazulor
Registered Agent

08/10/15
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.

Lazulor
Incorporator

08/10/15
Date

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