	Florida Department of State
	Division of Corporations Electronic Filing Cover Sheet
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	Fax Number : (850)617-6381
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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.**
	FLORIDA PROFIT/NON PROFIT CORPORATION
	GUERRA MEDICAL CENTER, INC
	Certificate of Status 0
	Certified Copy1Page Count03
	Estimated Charge \$78.75

--- DEC/17/2015/THU 12:32 PM

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:\_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE Principal street address

.

Mailing address, if different is:

711 NW 23 AVE

STE 302, MIAMI, FL 33125

The purpose for which the corporation is organized is:

<u>ARTICLE IV</u> SHARES The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Ti	tle:	Name and Title:	
Address	711 NW 23 AVE STE 302	Address:	<b>Z</b>
	MIAMI, FL 33125		
			1 L 22
Name and Tit	le:	Name and Title:	
Address		Address;	<u>ot 12</u>
Name and Titl	le:	Name and Title:	
Address	·	Address:	· · · · ·

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## P. 003/003

Name and Title:	 Name and Title	:
Address	 Address:	

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	JOSE LUIS GUERRA	
Address:	711 NW 23 AVE STE 302	
	MIAMI. FL 33125	

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE LUIS GUERRA

Address: 711 NW 23 AVE STE 302

MIAMI, FL 33125

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: 20 0 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agents accept service of process for the above stated corporation at the place designated in this certificate, I am familify with and generative the appointment as registered agent and agree to act in this capacity

	-	12/15/2015
	_	12/15/2015
Required Signature/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.

Require Signature/Incorporator

12/15/2015

Date