

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000185005 3)))



H160001850053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LA SALUD RESEARCH CLINIC INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 2016

S. GILBERT

H16000185005

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:La Salud Research Clinic INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8415 SW 24 ST Suite 202
MIAMI FL 33155**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Roberto Delgado
Livia MarquezVP.
P.16 AUG - 1 AM 0:00
FILED
STATE
FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LIVIA MARQUEZ
8415 SW 24 ST SUITE #202
MIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LIVIA MARQUEZ
8415 SW 24 ST SUITE 202
MIAMI FL 33155

H16000185005

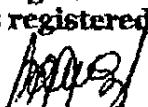
LAZARUS

08/01/2016 15:24 3052201440

H16000185005

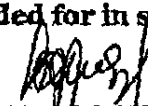
Required Signatures:

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_____
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 §17.155, F.S.



Incorporator_____
Date

H16000185005