

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GONZALEZ PAIN CENTER, INC.

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

RECEIVED

16 AUG -9 PM 3:50

STATE OF FLORIDA
TALLAHASSEE

16 AUG -9 AM 10:35

FILED

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

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ARTICLE I NAME: The name of the corporation is:CONZALEZ PAIN CENTER, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7805 CORAL WAY SUITE 103
MIAMI FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Johanna N Gonzalez Ruque (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Johanna N Gonzalez Ruque
7805 Coral Way Suite 103
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Johanna N Gonzalez Ruque
7805 Coral Way Suite 103
Miami FL 33155

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08/09/2016 14:32 3052201440

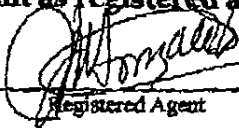
LAZARUS

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Required Signatures:

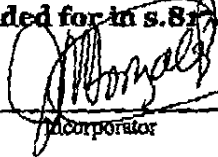
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.87-155, F.S.



Incorporator

Date

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