

8/25/2016

Division of Corporations

Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 MI CASA MEDICAL & WELLNESS CENTER CORP**

Certificate of Status	0
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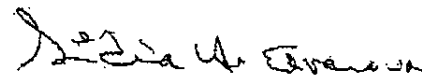
T. SCOTT

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, LIDIA A. EIRANOVA who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of MI CASA MEDICAL & WELLNESS CENTER CORP a Florida corporation, filed with the Florida Department of State on JULY 14, 2016.
2. The undersigned hereby consents to and authorizes the use of the name MI CASA MEDICAL & WELLNESS CENTER CORP.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.



LIDIA A. EIRANOVA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, LIDIA A EIRANOVA who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 21 day of JULY, 2016.


Notary Public

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MI CASA MEDICAL & WELLNESS CENTER CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

8332-A SW 40 ST.MIAMI, FL 33155ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY BUSINESS AND ALL LAWFUL BUSINESS UNDER
THE STATE OF FLORIDAARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: LIDIA A BRANCOVA (P)/(D)

Name and Title: _____

Address

8332-A SW 40 ST.

Address: _____

MIAMI, FL 33155Name and Title: ELVIS CHORENS (VP)/(D)

Name and Title: _____

Address

8332-A SW 40 ST.

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: LIDIA A EIRANOVAAddress: 8332-A SW 40 ST.MIAMI, FL 33155**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: LIDIA A EIRANOVAAddress: 8332-A SW 40 ST.MIAMI, FL 33155**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (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.)

Note: 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 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.



Required Signature/Registered Agent8/22/16

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.



Required Signature/Incorporator8/22/16

Date