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(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #	()		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)		
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				





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09/28/16

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Zion Me	dical Group, INC.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
Cel FROM:	ia M Gonzalez Sarmiento		
120	Nam 0 NW 78 AVE SUITE 212	e (Printed or typed)	
	4.45	Address	
Dor	al ,FL 33126		
	City	, State & Zip	
305	-597-3909		
	Daytime	Telephone number	

zionmedicalgroup@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address 1200 NW 78 AVE SUITE 212		Mailing address	s, if different is:	
Doral,FL 33126				
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:	all lawfull business.		
			15. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
			27 A	1375 1371 1371 150
			AMIL: 02	S S
			22	Æ
ARTICLE IV SHAR The number of shares o	RES 500 f stock is:		TIONS	ALE.
The number of shares o	AL OFFICERS AND/OR DIRECTORS		Z.	ATE
The number of shares o	AL OFFICERS AND/OR DIRECTORS	Name and Title:	Z.	
The number of shares o ARTICLE V INITE Name and Tit	f stock is:	Name and Title:	XS	
The number of shares o ARTICLE V INITI Name and Tit Address	f stock is:	Name and Title:Address:	NS S	
The number of shares o ARTICLE V INITI Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTORS Celia M Gonzalez/President 1200 NW 78 AVE SUITE 212 Doral ,fl 33126 e:	Name and Title: Address: Name and Title: Address:	NS	
The number of shares o ARTICLE V INITE Name and Tit Address Name and Titl	f stock is:	Name and Title: Address: Name and Title: Address:	NS S	
The number of shares o ARTICLE V INITI Name and Tit Address Name and Titl Address	f stock is: AL OFFICERS AND/OR DIRECTORS le: 1200 NW 78 AVE SUITE 212 Doral ,fl 33126 e:	Name and Title: Address: Name and Title: Address:	XS	

Name ar	id Title:	Name and Title:	
Address	<u> </u>	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	Celia M Gonzalez		
Address:	1200 NW 78 AVE SUITE 212		<u> </u>
	Doral,FL 33126.		SEORE ASIENTO
ARTICLE VII	<u>INCORPORATOR</u>		P 27
The <u>name and a</u>	ddress of the Incorporator is:		>
Name:	Celia M Gonzalez		OF STATE
Address:	1200 NW 78 AVE SUITE212		0 10 NS
	Doral,FL 33126		
Effective date, if (If an effective of days after the fine the fine the date of the date o	EFFECTIVE DATE: To other than the date of filing: date is listed, the date must be specific and calling.) e inserted in this block does not meet the applications of state on the Department of State's reconstruction.	annot be more than five bus able statutory filing requirem	iness days prior or 90 business
this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	s registered agent and agree	poration at the place designated in to act in this capacity
	Maria Glez Required Signature/Registered Agent	5141P	09/19/2016
	Required Signature/Registered Agent cument and affirm that the facts stated herein		Date
document to the	Department of State constitutes a third degree	felony as provided for in s.81	7.155, F.S.
/	1) 1		
(/	Rwing alez.		09/19/2016