

P1600092081

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.

((H16000284248 3)))



H160002842483ABC2

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 : I20000000019
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
SUANGEL MEDICAL CENTER SERV CORP.**

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

H16000284248

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Evangel Medical Center Serv Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6355 SW 8 st suite 100
Miami Florida 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Bernardo Noel Leon Morales (P)
121 NW 56th Ct
Miami Florida 33126

16 NOV 17 PM 1:59

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Bernardo Noel Leon Morales
6355 SW 8 st suite 100
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Bernardo Noel Leon Morales
6355 SW 8 st suite 100
Miami FL 33144

H16000284248

H16000284248

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

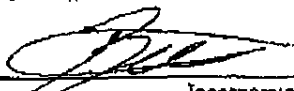


Registered Agent



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.817.155, F.S.



Incorporator



Date

16 NOV 17 PM 1:59
DATE
TIME

H16000284248