

P17000003136

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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STATE OF FLORIDA
TALLAHASSEE
17 JAN 11 AM 9:25

FLORIDA PROFIT/NON PROFIT CORPORATION
LA O MEDICAL WELLNESS CENTER INC.

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

17 JAN 11 PM 5:17

1/12/17

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

La O Medical Wellness Center Inc,

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4055 sw 7th st Coral Gables
FL 33134

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Isael Olano - P.
Dalgi Oquendo - VP

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Isael Olano
4055 sw 7 st
Coral Gables, FL 33134

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Isael Olano
4055 sw 7 st
Coral Gables FL 33134

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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

X [Signature] 01/07/2017
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.

X [Signature] 01/07/2017
Incorporator Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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