

# 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

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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

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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 GablesFL 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 Olano4055 SW 7 STCoral Gables, FL 33134**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Isael Olano4055 SW 7 STCoral Gables FL 33134

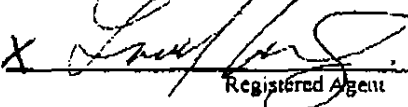
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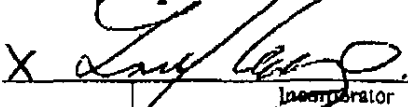
**Required Signatures:**

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   
Registered Agent

01/07/2017  
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   
Incorporator

01/07/2017  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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