

P170000166223

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.

(((H17000016622 3)))



H170000166223ABCZ

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: _____

17 JAN 18 PM 12:27
STATE OF FLORIDA
DIVISION OF CORPORATIONS
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
MLJ MEDICAL CENTER CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 19 2017

T. SCOTT

H17000016622

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MIJ Medical Center CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2 SW 13 AVE Miami FL 33135

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Eduardo Ogando (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

EDUARDO OGANDO
2 SW 13 AVE
MIAMI FL 33135

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

EDUARDO OGANDO
2 SW 13 AVE
MIAMI FL 33135

17 JAN 18 PM 12:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

NOT RECORDED
AND
FILED

H17000016622

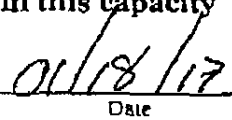
H17000016622

Required Signatures:

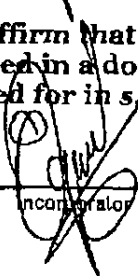
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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

H17000016622