

02/10/2017 16:05

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LAZARUS

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**P17000013230**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H17000040159 3)))



H170000401593ABC.

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**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

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17 FEB 10 AM 9:03  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FORT MYERS MEDICAL UNIVERSE INC**

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

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Corporate Filing Menu

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ne 2/13/17

**ARTICLES OF INCORPORATION** H17000040159  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:Fort Myers Medical Universe INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4531 Deleon St Ste 207  
Fort Myers FL 3390717 FEB 10 AM 9:03  
STATE  
TREASURER  
FLORIDA**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Xiomara Baullosa (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Xiomara Baullosa  
4531 Deleon ST STE 207  
FORT MYERS FL 33907**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Xiomara Baullosa  
4531 Deleon St STE 207  
FORT MYERS FL 33907

H17000040159

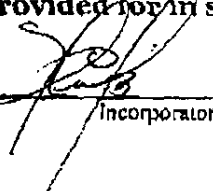
H17000040159

**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 Agent2/9/2017  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator2/9/2017  
\_\_\_\_\_  
Date17 FEB 10 AM 9:03  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

H17000040159