

01/08/2013 05:09

3052201440

LAZARUS

01/03

P17000042317

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.

((H17000129998 3)))



H170001299983ABCD

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 MAY 11 PM 4:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
DEL CARMEN CLINIC CORP**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 11 AM 10:09

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 12 2017

T SCHROEDER

H17000129998

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Del Carmen Clinic Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

135 W 55 St Hialeah FL
33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Madeline Lang (P)Madeline Vazquez (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Madeline Lang
135 W 55 St
Hialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Madeline Lang
135 W 55 St
Hialeah FL 33012SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 11 AM 10:09

FILED

H17000129998

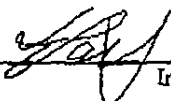
H17000129998

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

 5/11/17
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.

 5/11/17
Incorporator Date

FILED
17 MAY 11 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000129998