

10/05/2017 18:23 3054851098

CLARA GIRALDO, P.A.

P17000080935

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.

((H17000265494 3)))



H170002654943ABC5

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 : CLARA GIRALDO, P.A.  
Account Number : I1999000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LIFE & WELLNESS MEDICAL CENTER, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED  
17 OCT -9 PM 3:06  
FLORIDA DEPARTMENT OF  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

D O'KEEFE

OCT 10 2017

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

OF

### **LIFE & WELLNESS MEDICAL CENTER, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

### **LIFE & WELLNESS MEDICAL CENTER, CORP.**

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposes to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name:

### **LIFE & WELLNESS MEDICAL CENTER, CORP.**

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**YOEL SANTANA  
7959 NW 2 ST  
MIAMI, FL 33126**

The principal office shall be:

**7959 NW 2 ST  
MIAMI, FL 33126**

The mailing address shall be:

**7959 NW 2 ST  
MIAMI, FL 33126**

**ARTICLE VI**

The initial Board of Directors shall consist of a total of **TWO (2)** persons, and the name and address of the persons who are to serve as initial directors are:

**YOEL SANTANA  
7951 NE BAYSHORE CT # 503  
MIAMI, FL 33138**

**PRESIDENT**

**BARBARA SUAREZ  
7959 NW 2 ST  
MIAMI, FL 33126**

**SECRETARY**

The name and address of the incorporator executing these Articles of Incorporation is

**YOEL SANTANA  
7959 NW 2 ST  
MIAMI, FL 33126**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this OCTOBER 09, 2017

x   
\_\_\_\_\_  
**YOEL SANTANA**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

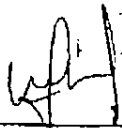
**LIFE & WELLNESS MEDICAL CENTER, CORP.**

2. The Name and Address of the registered agent and office is:

**YOEL SANTANA  
7959 NW 2 ST  
MIAMI, FL 33126**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

X 

Dated: OCTOBER 09, 2017.

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**