

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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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LOVELY MEDICAL CENTER INC.**

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

184/3/19

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Lovely Medical Center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7235 Coral Way #208
Miami FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Eugenio Alcides Hernandez (P)
Leidy Delmas Garcia (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

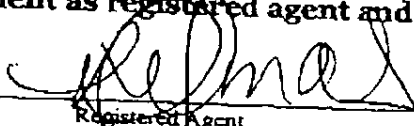
Leidy Delmas Garcia
7235 Coral Way #208
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LEIDY DELMAS GARCIA
7235 CORAL WAY #208
MIAMI FL 33155

INITIALED

2019 APR-2 AM 8:50

Required Signatures:

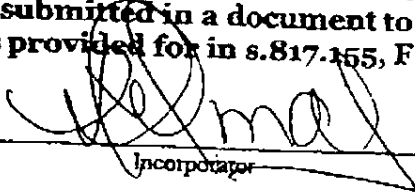
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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