6/3/2019

Division of Corporations

CLARA GIRALDO E.A. TTE C Electri

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.

(((H19000175760 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone Fax Number

: (305)485-9300 : (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.

FLORIDA PROFIT/NON PROFIT CORPORATION MY DOCTOR INTERNATIONAL CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

JUN 04 2019

ARTICLES OF INCORPORATION

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

OF

MY DOCTOR INTERNATIONAL, 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:

MY DOCTOR INTERNATIONAL, 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 purposed 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) Said corporation shall further have powers:

To have perpetual succession by its corporate

MY DOCTOR INTERNATIONAL, 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 E.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:

MATIAS ENRIQUEZ 30730 SW 158TH PATH HOMESTEAD, FL 33033

The principal office shall be:

30730 SW 158TH PATH HOMESTEAD, FL 33033

ARTICLE VI

The Initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as initial director

MATIAS ENRIQUEZ 30730 SW 158TH PATH HOMESTEAD, FL 33033

PRESIDENT

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

MATIAS ENRIQUEZ 30730 SW 158TH PATH HOMESTEAD, FL 33033

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MAY, 31 2019

MATIAS ENRIQUEZ

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

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

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:

MY DOCTOR INTERNATIONAL, CORP

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

MATIAS ENRIQUEZ 30730 SW 158TH PATH HOMESTEAD, FL 33033

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 FAMILLAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Date: MAY 31, 2019