

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
L GLOBAL MEDICAL CENTER CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:L Global Medical center corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

160 E 46 st  
Hialeah FL 33013**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lina Gonzalez garces (P)  
  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lina Gonzalez Garces  
160 E 46 ST  
Hialeah, FL 33013**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lina Gonzalez Garces  
160 E 46 ST  
Hialeah, FL 33013

**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