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	Account Number	: I20000000019	. 123
	Phone	: (305)552-5973	- ;
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Enter	the email address	s for this business entity to be used for future	
ann	ual report maili	ngs. Enter only one email address please.**	
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FLORIDA PROFIT/NON PROFIT CORPORATION THIAGO MEDICAL CENTER INC

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE NAME: The name of the corporation is:
Thiago Medical Center Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is
5730 NW 1148+ HIALRAH F1 33012
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICIERS: SAnicet Copez ()
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Janicet Lopez
5730 NW 114 St Hialeah
_FL 33012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
5730 NW 114 St Highean
F1 33012

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 11/E4/19

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 11/04/19