

P19000082992

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.

((H19000328036 3)))



H190003280363ABC%

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
ESCULAPIO COMMUNITY CENTER INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

N SAMS

NOV 07 2019

FILED
2019 NOV -6 PM 4:31
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:ESCVLAPIO COMMUNITY CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 930 HIALEAH DRIVE Suite 15
Hialeah FL 33010M: 7881 SW 15 ST. MIAMI FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Jorge ARTURO ALONSO RODRIGUEZ

_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

JORGE ARTURO ALONSO RODRIGUEZ
7881 SW 15 ST. MIAMI FL 33144
_____**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jorge ARTURO ALONSO RODRIGUEZ
7881 SW 15 ST. MIAMI FL 33144
_____2019 NOV - 6 PM 03:11
NOTARY PUBLIC
DALE AMASSI, LLC

FILED

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

FILED

NOV-6 PM 4:3

RECEIVED