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

From: Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (305)675-0701

****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
SONRISAS MEDICAL CENTER INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SONRISAS MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

630 NW 33RD AVE.630 NW 33RD AVE.MIAMI, FL 33125MIAMI, FL 33125**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

PD GARCIA, INES M.

Name and Title:

Address

630 NW 33RD AVE.

Address:

MIAMI, FL 33125

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
 2019 NOV 26 AM 9:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GARCIA, INES M
Address: 630 NW 33RD AVE.
MIAMI, FL 33125

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: GARCIA, INES M
Address: 630 NW 33RD AVE.
MIAMI, FL 33125

ARTICLE VIII EFFECTIVE DATE: 11/17/2019

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

INES M. GARCIA

Required Signature/Registered Agent

11/17/19

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.

INES M. GARCIA

Required Signature/Incorporator

11/17/19

Date