

P2000000010311

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
A BETTER START MEDICAL CENTER, INC.**

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

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2020 FEB -6 PM 1:13
CORPORATIONS
COMMERCIAL
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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: A BETTER START MEDICAL CENTER, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address
136 GARDENIA STREET
TAVENIER, FL 33070

Mailing address, if different is:
136 GARDENIA STREET
TAVENIER, FL 33070

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS GERARDO MARTINEZ, MD (P/D) Name and Title: _____

Address: 136 GARDENIA STREET Address: _____
TAVENIER, FL 33070 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS GERARDO MARTINEZ
Address: 136 GARDENIA STREET
TAVENIER, FL 33070

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS GERARDO MARTINEZ
Address: 136 GARDENIA STREET
TAVENIER, FL 33070

ARTICLE VIII EFFECTIVE DATE:

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

Required Signature/Registered Agent
02/05/2020
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.

Required Signature/Incorporator
02/05/2020
Date