P20000013899

2/14/2020 Division of Corporations

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

From:
Account Name : DCM CONSULTING INC
Account Number : I20190000102
Phone : (305)491-9169
Fax Number : (305)397-2527

C RICO
FEB 14 2020

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
LIVING WELL COMMUNITY MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

RECEIVED
2020 FEB 14 AM 11:45
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LIVING WELL COMMUNITY MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1620 SE 23rd ST
Homestead, FL 33035

Mailing address, if different is:

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Diaz - President
Address: 1620 SE 23rd ST
Homestead, FL 33035

Name and Title:
Address:

Name and Title: Yaneisis Giralt - VP
Address: 1620 SE 23rd ST
Homestead, FL 33035

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: Yaneisis Giralt

Address: 1620 SE 23rd ST

Homestead, FL 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yaneisis Giralt

Address: 1620 SE 23rd ST

Homestead, FL 33035

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

_____ 02/12/2020

Required Signature/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.

_____ 02/12/2020

Required Signature/Incorporator Date