

2/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : DCM CONSULTING INC
Account Number : 120190000102
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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

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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: LIVING WELL COMMUNITY MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

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

Name and Title: _____ Name and Title: _____

Address: _____ 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.)

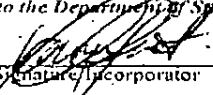
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

02/12/2020
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

02/12/2020
Date