Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

C RICO

FEB 19 2020

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:		

FIRST MED FLORIDA INC.

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

	2020 FEB 19	RECEIV
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02/19/2020 13:18

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
first Med Florida Inc		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
830 Ali baba Ave		
UPA-LOCKA FI 33054		
ARTICLE III SHARES: The number of shares of stock is:	. -	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
IVAN Carlos Diaz ABAY (P)		
	20	ĬAK
	20 FEB	NOISIAI
	19 P	or cor
	PH 2:	(유)
	45	ATE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		•
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
IVAN CARIOS DIAZ ABAY		
830 Ali baba Ave		
OPA-LOCKA F1 33054		
APPROVED TO THE PROPERTY OF THE		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
830 Al bobs our		
OP 1 DOVA EL 220EL		

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 U2 - 171-20

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.

Meorporator CZ.17.20.