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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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:

FLORIDA PROFIT/NON PROFIT CORPORATION DADE COUNTY MEDICAL SERVICES CORP.

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)
ARTICLE I NAME: The name of the corporation is
Dade County Medical Services Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
- ROOOSW 210 Street Apt 402 Highir Fl 33189
ARTICLE III SHARES: The number of shares of stock is: //O/
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Virna granados (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
- Virna Granados
1000 Sw 210 Sheet Apt 402 Wiani Fl 33189
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
VIRNA GRANADOS
_ 8000 SW 210 STREET abT 402
MIAMI FL 33185

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 02-25-2020

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.

Incorporator

02-25-2000

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