

P20000021175

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000079492 3)))



H200000794923ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
G & G DIAGNOSTICS CENTER INC**

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

2020 MAR 10 PM 12:11

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 10 PM 9:03

FILED

2020 MAR 10 PM 11:00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Q & Q Diagnostics Center, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8000 West Flagler St suite 101
Miami FL 33144.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Roberto Gutierrez. (P)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 10 PM 9:03

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ROBERTO GUTIERREZ8000 WEST FLAGLER ST SUITE 101MIAMI FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ROBERTO GUTIERREZ8000 WEST FLAGLER ST SUITE 101MIAMI FL 33144

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

Roberto Gutierrez

Registered Agent

03/10/20

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.

[Signature]
Incorporator

Date

FILED
2020 MAR 10 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA