

3/21/2020

P200000025035

Division of Corporations

## 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.

(((H20000090185 3)))



H200000901853ABCZ

**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 : S&S ACCOUNTING SERVICES, INC.  
Account Number : I20190000091  
Phone : (786)212-0491  
Fax Number : (305)454-6657

**\*\*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  
CLOVER DIAGNOSTIC CENTER CORP**

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

FILED  
2020 MAR 23 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 MAR 23 AM 7:59

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Clover Diagnostic Center, Corp.  
(PROPOSED CORPORATE NAME MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

ADDITIONAL COPY REQUIRED

FROM: Beatriz Rodriguez  
Name (Printed or typed)

4357 Venus Ave  
Address

West Palm Beach, FL 33406  
City, State & Zip

561-889-9124  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**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: CLOVER DIAGNOSTIC CENTER, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2416 THOMAS CT  
LOXAHATCHEE, FL 33470

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DARYAN GARCIA, P

Name and Title: \_\_\_\_\_

Address: 2416 THOMAS CT

Address: \_\_\_\_\_

LOXAHATCHEE, FL 33470

Name and Title: BEATRIZ RODRIGUEZ, VP

Name and Title: \_\_\_\_\_

Address: 4357 VENUS AVE

Address: \_\_\_\_\_

WEST PALM BEACH , FL 33406

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 MAR 23 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Beatriz Rodriguez  
 Address: 4357 Venus Ave  
West Palm Beach, FL 33406

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: S&S Accounting Services, Inc.  
 Address: 3383 NW 7th ST Suite 304  
Miami, FL 33125

**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

03/20/2020  
 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 § 817.155, F.S.

\_\_\_\_\_  
 Required Signature/Incorporator

03/20/2020  
 Date

FILED  
 2020 MAR 23 PM 12:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA