

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VALENTUS MEDICAL CENTER CORP

JUN 24 2020

T. SCOTT

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

Second Request

2020 JUN 23 PM 2:03

FILED

2020 JUN 23 PM 4:38

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Valentus Medical Center Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4751 West 4 Ave Hialeah FL 33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Daniel Castillo Cruz (P)
Isairy Julia (VP)RECEIVED OF STATE
CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Daniel Castillo Cruz
4751 West 4 Ave Hialeah, FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Daniel Castillo Cruz
4751 West 4 Ave Hialeah, FL 33012

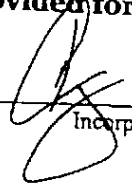
Required Signatures:

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_____
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.



Incorporator_____
Date