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.

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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:					
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FLORIDA PROFIT/NON PROFIT CORPORATION PRIMAVERA MED CENTER 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 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is	
950 SOUTH PINE ISLAND ROAD	•
PLANTATION FL 33324	
	
ARTICLE III SHARES: The number of shares of stock is: 60	,000
ARTICLE IV INITIAL DIRECTORS AND/OR OFF	ICERS:
KATHERIN SUAREZ (P)	·. r
	
ARTICLE V INITIAL REGISTERED AGENT AND STREE	
The name and Florida street address (PO Box not acceptable) of the re	
KATHERIN SUAREZ	giousi cu agent is.
950 SOUTH PINE ISLAND ROAD	7 /
PLANTATION FL 33324	····
000-1	
ARTICLE VI INCORPORATOR: The name and address of the	Incorporator is:
KATHERIN SUAREZ	-
950 SOUTH PINE ISLAND ROAD	
PLANTATION FL 33324	

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

7/28/2020

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.

7/28/2020
Incorporator Date