

**P2000081271**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
TORNA MEDICAL CENTER INC**

|                       |         |
|-----------------------|---------|
| 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:

TORNA Medical Center INC

**ARTICLE II\_ PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7910 NW 25th unit 205 Miami FL  
33122

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Marcel Manuel Torna ALVAREZ (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Marcel Manuel torra Alvarez  
7910 NW 25 st Unit 205 miami  
Fl 33122

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

marcel manuel torna ALVAREZ  
7910 NW 25 st unit 205- miami  
fl 33122

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**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

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