

P2000083638

Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LA SAGRADA FAMILIA MEDICAL CENTER INC**

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

2020 NOV -3 PM 12:07

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LA SAGRADA FAMILIA MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9600 NW 25 ST STE: 3 CDORAL, FL 33172**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AILEN CRUZ BERGON (P)

Name and Title: _____

Address 9600 NW 25 ST STE: 3 C

Address: _____

DORAL, FL 33172

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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: AILEN CRUZ BERGON
Address: 9600 NW 25 ST STE: 3 C
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AILEN CRUZ BERGON
Address: 9600 NW 25 ST STE: 3 C
DORAL, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2021 (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

/s/ Ailen Cruz Bergon 11/2/2020
Required Signature/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.

/s/ Ailen Cruz Bergon 11/2/2020
Required Signature/Incorporator Date