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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 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. **

FM311	Address	

FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH MIAMI MEDICAL CENTER INC

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

In compliance with Chapter 607 (Profit)
ARTICLE I NAME: The name of the corporation is:
South HIANI Hedical Center INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
19822 SW 124 AUE
19822 SW 124 AUE MIANI FL 33177.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: JESSICO Valdivia Horg/ES (P)
·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Jessica valdivia Morales
19827 Sw 124 Ave
Miami F/ 33177
ADDICTOR FOR THE CONTRACT OF T
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Jessica Valdiva Morales
19822 SW 124 AVE
1'044 SW 144 HV

Miami F1 33177

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 12/08/2020
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 s.817.155, F.S.

Incorporator

Date