

P2100000000000046

Division of Corporations
Florida Department of State
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.

((H20000444634 3)))



H200004446343ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

20 DEC 30 PM 6:01

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Live Medical Center Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2020 DEC 30 PM 4:22

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JAN 01

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

ARTICLE I NAME

The name of the corporation shall be: Live Medical Center Inc

ARTICLE II PRINCIPAL OFFICE

10556 NW 26 ST Principal street address

Suite D102

Doral, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrian Veitia Galvez / President

Name and Title: _____

Address: 6024 SW 8 ST

Address: _____

Apt B225

Miami, FL 33144

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

20 DEC 30 PM 6:01
HALL COUNTY CLERK
JENNIFER A. HARRIS

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: Adrian Veitia Galvez
Address: 6024 SW 8 ST, Apt B225
Miami, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrian Veitia Galvez
Address: 6024 SW 8 ST, Apt B225
Miami, FL 33144

20 DEC 30 PM 6:01
FALL ADAMS E. H. 1000

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Required Signature/Registered Agent
12/30/2020
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.

Required Signature/Incorporator
Date 12/30/2020