

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

From:
Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
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FLORIDA PROFIT/NON PROFIT CORPORATION
LMC HEALTH SOLUTIONS, CORP.

Certificate of Status	0
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JAN 05 2021

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: LMC HEALTH SOLUTIONS, CORP.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1928 S.W. 18 STREET
MIAMI, FL. 33145

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORLANDO CABEZA
1928 S.W. 18 STREET
MIAMI, FL. 33145

Prepared by: ORLANDO CABEZA
1928 S.W. 18 STREET
MIAMI, FL. 33145
305 992-6940

Electronically Sent By: BUSINESS WORLD TRANSACTIONS
7951 S.W. 40 ST. (BIRD RD.) #201
MIAMI, FL. 33155
PH # (305) 267-4022

21 Jan 2021 4:57 PM


INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ORLANDO CABEZA
1928 S.W. 18 STREET
MIAMI, FL. 33145

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4TH day of JANUARY, 2021.

* 

Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**


The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

LUZ M. CASTILLO
1928 S.W. 18 STREET
MIAMI, FL. 33145

PRESIDENT

ORLANDO CABEZA
1928 S.W. 18 STREET
MIAMI, FL. 33145

TREASURER

* 

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LMC HEALTH SOLUTIONS, CORP.

2. The name and address of the registered agent and office is:

ORLANDO CABEZA
1928 S.W. 18 STREET
MIAMI, FL. 33145

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

(DATE) JANUARY 4TH, 2121