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Florida Department of State

Division of Corporations
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To:

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

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****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
MIAMI BLU SKY 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:MIAMI BLU SKY MEDICAL CENTER, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2901 SW 8 ST UNIT 206 MIAMI
FLORIDA 33135.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOANNA IGLESIA SANTOS. (P)

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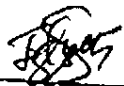
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

JOANNA IGLESIA SANTOS
2901 SW 8 ST. UNIT 206
MIAMI FL 33135**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOANNA IGLESIA SANTOS
2901 SW 8 ST. UNIT 206
MIAMI FL 33135

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 Agent01/12/21

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.



Incorporator01/12/21

DateRECEIVED
FALL ARMS, FLORIDA

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