

P21000007982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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2021 FEB -3 PM 4:30

**FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH LIFE LEGACY 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:Health Life Legacy Medical Center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9020 SW 137 AveMiami FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Blanca Rosa Alvarez CP16140 SW 147 AveMiami FL 33187**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Blanca Rosa Alvarez16140 SW 147 AveMiami FL 33187**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Blanca Rosa Alvarez16140 SW 147 Avemiami FL 33187

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

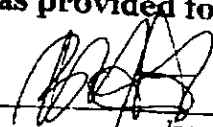


Registered Agent

02/02/21

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.



Incorporator

02/02/21

Date