



**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: MD Total Health Centers Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
482 E. Altamonte Dr.  
Ste. 1006  
Altamonte Springs, FL 32701

Mailing address, if different is:  
12431 Nature East Dr.  
Apt. 2206  
Orlando FL 32828

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
All lawful purposes for which a company  
can be incorporated in Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Diego G. Rojas - President Name and Title: \_\_\_\_\_  
Address: 12431 Nature East Dr. Address: \_\_\_\_\_  
Apt. 2206  
Orlando FL 32828

Name and Title: Mayessi C. El Habibi Parada - Vice President  
Address: 12431 Nature East Dr. Address: \_\_\_\_\_  
Apt. 2206  
Orlando FL 32828

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: Yulitza M. Aguirre  
Address: 5449 S. Semoran Blvd Ste. 217  
Orlando FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Diego G. Rojas  
Address: 12431 Nature East Dr. Apt. 2204  
Orlando FL 32828

**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*

Y. Aguirre 2/8/21  
Required Signature/Registered Agent 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.*

[Signature] 2/8/21  
Required Signature/Incorporator Date

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MD Total Health Centers, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Jessica Torres - Tax Care Doral  
Name (Printed or typed)

1400 NW 107th Ave. Ste 203  
Address

Sweetwater FL 33172  
City, State & Zip

(786) 845-8854  
Daytime Telephone number

Jessica.torres@taxcareinc.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**