2/25/2021

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
VIDALIFE MEDICAL SERVICE CENTER, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
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JLC 3/2/21

70

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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: VIDALIFE MEDICAL SERVICE CENTER, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1360 NE MIAMI GARDENS DR STE: 130
MIAMI, FL 33179

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIO MANUEL DE PENA BATISTA (P)
Address: 1360 NE MIAMI GARDENS DR STE: 130
MIAMI, FL 33179

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2021 MAR 1 PM 4:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JULIO MANUEL DE PENA BATISTA
Address: 1380 NE MIAMI GARDENS DR STE: 130
MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JULIO MANUEL DE PENA BATISTA
Address: 1380 NE MIAMI GARDENS DR STE: 130
MIAMI, FL 33179

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 — Date: 01/28/21

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: 01/28/21