

P21000020086

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000085213 3)))



H210000852133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
SMART CHOICE MED CENTER, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAR 05 2021

T. SCOTT

2021 MAR -4 AM 8:57
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 MAR -4 AM 10:12
RECEIVED
DIVISION OF CORPORATIONS
SERVICES TO COMMERCIAL
ENTITIES AND SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is

Smart Choice Med Center, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

540 NW 165th Street Rd #C301

Miami fl 33169

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Loretta

REGLA MORA (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

is: Loretta

REGLA MORA

540 NW 165th Street Road

#C301 Miami FL 33169

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Loretta

REGLA MORA

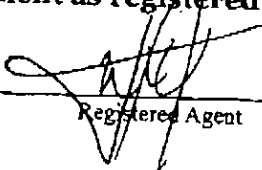
540 NW 165th Street Road #C301

Miami FL 33169

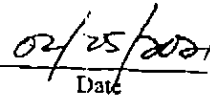
FILED
2021 MAR -4 AM 8:57
TALLAHASSEE FLORIDA

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

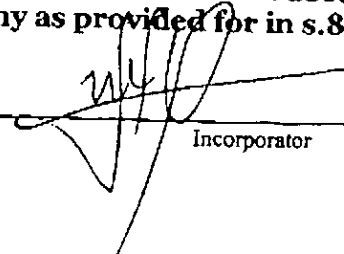


Registered Agent

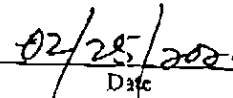


Date

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



Date