

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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5/26/21
SP

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

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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PAID
 MAY 27 2021

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
MATEO MEDICAL CENTER INC

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

2021 MAY 25 PM 4:34

RECEIVED
 CORPORATE FILING SERVICE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

Mateo Medical Center inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

395 SW 80th Ave

Miami FL 33144

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

(P)

Daimery Cortinas Aguilar

395 SW 80th Ave

Miami FL 33144

ED
05/11/21

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Daimery Cortinas Aguilar

395 SW 80th Ave

Miami FL 33144

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

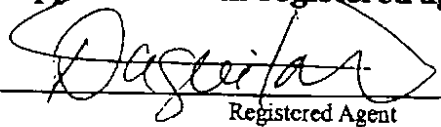
Daimery Cortinas Aguilar

395 SW 80th Ave

Miami FL 33144

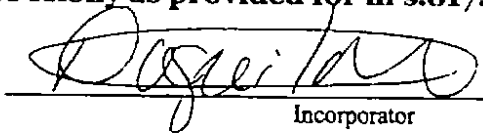
Required Signatures:

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

05/25/21
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

05/25/21
Date

05/25/21 PM 1:21