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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
ANGELICA MEDICAL CENTERS CORP**

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

2021 SEP 10 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FL

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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 is:Angelica Medical Centers Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

Angelica Medical Centers Corp
1330 Coral Way Suite 209
Miami FL 33145**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Carlos Andres Castillo

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

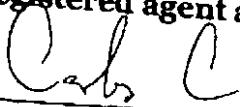
Carlos Andres Castillo
1330 Coral way ste 209
Miami FL 33145**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carlos Andres Castillo
1330 Coral way ste 209
Miami FL 33145SECRETARY OF STATE
TALLAHASSEE, FL

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Required Signatures:

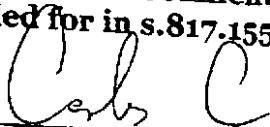
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent9/10/2021

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.



Incorporator9/10/2021

Date

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