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Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
CIMA MED CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

CIMA MED CENTER, inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6445 SW 8<sup>th</sup> Street

Miami, FL 33144



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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

P. Elvis Charens. 6445 SW 8<sup>th</sup> Street

Vp. Carlos Infante. Same.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Elvis Charens 6445 SW 8<sup>th</sup> Street

Miami, FL, 33144

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

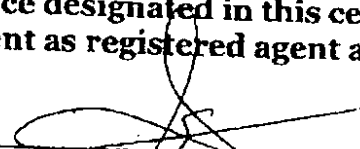
Elvis Charens

6445 SW 8<sup>th</sup> Street

Miami, FL 33144

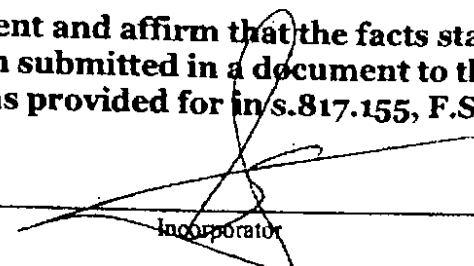
**Required Signatures:**

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

\_\_\_\_\_  
 11-2-21  
 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

\_\_\_\_\_  
 11-2-21  
 Date

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 DIVISION OF CORPORATIONS