

Nov. 22, 2021 10:50 AM

**P21000099219**

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

From:  
Account Name : KIDJENNA SERVICES INC  
Account Number : I20080000033  
Phone : (305)644-3055  
Fax Number : (305)644-3052

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

\*\*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  
MYSTIC SUGICAL CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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JOHN J. DENNIS  
NOV 23 2021

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**NOTE: Please provide the original and one copy of the articles.**

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

No. 0350 P. 6

ARTICLE I NAME

The name of the corporation shall be: MYSTIC SUGICAL CENTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
2020 SW 1 ST SUITE 100

Mailing address, if different is:

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SURGERY

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA GONZALEZ

P

Name and Title:

Address 2020 SW 1 ST STREET

Address:

MIAMI, FL 33135

Name and Title: YARIDA FORTALEZA

VP

Name and Title:

Address 13818 SW 11 TH ST

Address:

MIAMI, FL 33184

Name and Title:

Name and Title:

Address

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MARIA GONZALEZ

Address: 2020 SW 1 ST

MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA GONZALEZ

Address: 2020 SW 1 ST

MIAMI, FL 33135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/22/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Maria Gonzalez 11/22/2021  
Required Signature/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.*

Maria Gonzalez 11/22/2021  
Required Signature/Incorporator Date