

1/18/22, 11:47 AM

Division of Corporations

P22000003718

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CURE WELLNESS MEDICAL CENTER INC

T. SCOTT

JAN 19 2022

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: CURE WELLNESS MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address900 W 49th ST., STE 330
HIALEAH, FL 33012

Mailing address, if different is:

900 W 49th ST., STE 330
HIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEXANDER MONTANE DE MESA - P Name and Title: _____Address 900 W 49th ST., STE 330 Address: _____
HIALEAH, FL 33012

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

22 JAN 18 PM 12:43

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEXANDER MONTANE DE MESA
Address: 900 W 49th ST., STE 330
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: ALEXANDER MONTANE DE MESA
Address: 900 W 49th ST., STE 330
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Alexander Montane

Required Signature/Registered Agent

01/18/2022

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.

Alexander Montane

Required Signature/Incorporator

01/18/2022

Date