زز



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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 UNLIMITED MEDICAL RESEARCH OF FLORIDA CORP

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

2027 .16

Electronic Filing Menu

Corporate Filing Menu

Help

T. SCOTT

JAN 20 2022

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME: The name of the corporation is:

| Unlimited Medical Research OF ARTICLE II PRINCIPAL OFFICE: | 王 | <u> </u> | da |
|---|-----------------|-----------------|-----|
| | • | C | ver |
| The principal street address and mailing address is: | | | |
| 6570 N. University DR | | | |
| Tamarac, FL 33321 | | | |
| | | | |
| A DOTO | | | |
| ARTICLE III SHARES: The number of shares of stock is: 100 | · | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | |
| YOEL TETEDA - P- | | 20 | į |
| Osmani Placencia - UP- | - | را 2 | |
| USINAMI I MCENCH - VI- | <u>:</u> | | _ |
| <u> </u> | | ra •a• | - |
| | :: , | FH 12: | |
| <u> </u> | P | : 5 3 | |
| · | | | |
| | | | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRE | <u>SS:</u> | | |
| The name and Florida street address (PO Box not acceptable) of the registered age | ent is: | | |
| Yoel Tejeda | | | |
| 6570 N. University Dr | | | |
| Tamarac F1 33321 | | | |
| | , | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporate | tor is: | | |
| You Tejeda | | | |
| 6570 N. University Dr | | | |
| | | | |

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

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.