

P22000011172

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
WAVE MEDICAL CENTER INC

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

ARTICLES OF INCORPORATION

In compliance with Chapter 507 (Profit)

ARTICLE I NAME: The name of the corporation is:

Wave Medical Center INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

Wave Medical Center INC.
8260 W Flagler St. Suit 2E
Miami FL 33144

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jorge Luis Mourelle Aguilar
(P)

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STATE OF FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

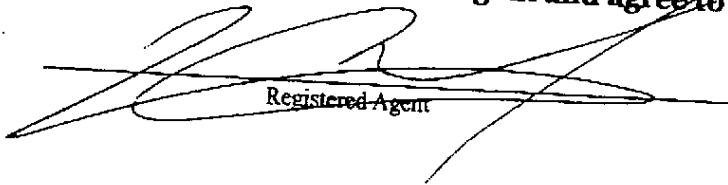
Jorge Luis Mourelle Aguilar
8260 W Flagler St Suit 2G
Miami FL 33144

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

Jorge Luis Mourelle Aguilar
8260 W Flagler St suit 2G
Miami FL 33144

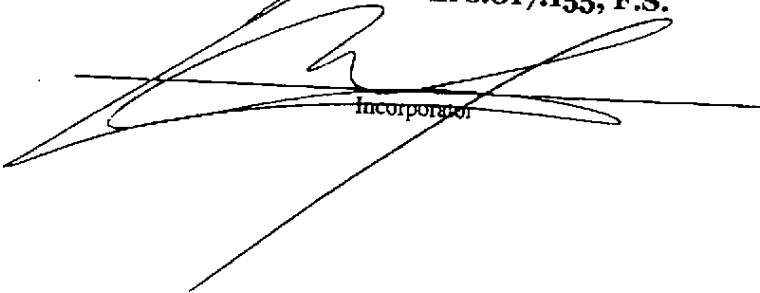
Required Signatures:

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

2/11/22
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

2/11/22
Date

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