

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE MOON MEDICAL CENTER INC**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

Blue moon medical center inc

- **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2141 SW 15th STE 206 A
MIAMI FL 33135

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

100

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

ARISTEIDYS FERNANDEZ (P)
2141 SW 15th STE 206 A
MIAMI FL 33135

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ARISTEIDYS FERNANDEZ
2141 SW 15th STE 206 A
MIAMI FL 33135

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

ARISTEIDYS FERNANDEZ
2141 SW 15th STE 206 A
MIAMI FL 33135

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Required Signatures:

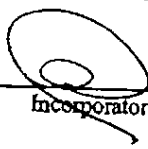
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent3-2-22

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.



Incorporator3-2-22

Date

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT