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Florida Department of State
Division of Corporations
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5/5/22

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

BENIMAR MEDICAL CENTER INC

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

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

ARTICLE I NAME
The name of the corporation shall be: Benimar Medical Center Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address
10675 SW 190 st Unit 1110
Miami FL 33157

Mailing address, if different is:
Same as principal address

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful business

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yaima D. Benitez (President)
Address 10675 SW 190 st
Unit 1110
Miami FL 33157

Name and Title: Livan A. Martin (VP)
Address: 10675 SW 190 st.
Unit 1110
Miami FL 33157

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

22 MAY -4 P1:10:35

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: Yaima D. Benitez

Address: 10675 SW 190 st Unit 1110
Miami FL 33157

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yaima D. Benitez.

Address: 10675 SW 190 st Unit 1110
Miami FL 33157

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/02/2022 (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

_____ 05/02/2022

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.

_____ Date: 05/02/2022

Required Signature/Incorporator

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