

P22000033208

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000161384 3)))



H220001613843ABC.

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 : I2000000019
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 BENIMAR MEDICAL CENTER INC

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

RECEIVED

2022 MAY -4 PM 3:07

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

FILED

2022 MAY -4 PM 3:55

Electronic Filing Menu

Corporate Filing Menu

Help

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: <u>Yaima D. Benitez</u> <u>(President)</u>	Name and Title: <u>Livan A. Martin</u> <u>(VP)</u>
Address: <u>10675 SW 190 St</u>	Address: <u>10675 SW 190 St</u>
<u>Unit 1110</u>	<u>Unit 1110</u>
<u>Miami FL 33157</u>	<u>Miami FL 33157</u>

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

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

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: Yaima D. Benitez
Address: 10675 SW 190 St Unit 1110
Miami FL 33157

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

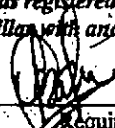
Name: Yaima D. Benitez
Address: 10675 SW 190 St Unit 1110
Miami FL 33157

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


Required Signature/Registered Agent

05/02/2022
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.


Required Signature/Incorporator

05/02/2022
Date

2022 MAY -1 PM 10:35