

# P22000074274

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.

((H22000332248 3)))



H220003322483ABC

**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 : I20000000019  
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  
OLA MEDICAL CENTER INC.**

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

2022 SEP 26 PM 3:50

2022 SEP 26 AM 12:57

Electronic Filing Menu

Corporate Filing Menu

Help

DS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Oia Medical Center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8300 SW 8 ST Suite 308  
Miami FL 33144.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mairolys Lorenzo (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Mairolys Lorenzo  
8300 SW 8 ST Suite 308  
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mairolys Lorenzo  
8300 SW 8 ST Suite 308  
Miami FL 33144

2022-09-26 AM 12:57

**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 Agent9/20/2022  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator9/20/2022  
\_\_\_\_\_  
Date

SEP 26 AM 12:57