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To:	Division of Corporations Fax Number : (850)617-6381
From:	
	Account Name : BUSINESS WORLD TRANSACTIONS, INC.
	Account Number : 104512000707 Phone : (305)803-2736
	Fax Number : (305)646-1527
*Enter an:	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**
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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: ONLY YOU MEDICAL CENTER, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

19711 NW 84 AVENUE HIALEAH, FL. 33015

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

#### ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ECOMMON SHARES.

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MILDRED BODE 19711 NW 84 AVENUE HIALEAH, FL. 33015

Prepared by: MILDRED BODE

19711 NW 84 AVENUE HIALEAH, FL. 33015

305 613-0545

MILDREDBARRIERA@YAHOO.COM

Electronically Sent By: BUSINESS WORLD TRANSACTIONS

7951 S.W. 40 ST. (BIRD RD.) #201

MIAMI, FL. 33155 PH # (305) 267-4022

BUSINESSWORLDTRANSACTIONS@GMAIL.COM

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### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MILDRED BODE 19711 NW 84 AVENUE HIALEAH, FL. 33015

	HIALEAH, FL. 33015
The undersigned incorporator	r(s) has(have) executed these Articles of Incorporation this
2ND day ofFEBRUARY	, 2023.
<sub>x</sub> (	here
<del></del>	Signature
· <del></del>	
ARTIC The name(s) and street addres Incorporation is(are):	LE VII OFFICER(S) AND DIRECTOR(S) s(es) of the officer(s) and director(s) to these Articles of
MILDRED BODE 19711 NW 84 AVENUE HIALEAH, FL. 33015	DIRECTOR & PRESIDENT
x <u> </u>	Signature
	~ · · · · · · · · · · · · · · · · · · ·
	Signature
	E S

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607. FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: ONLY YOU MEDICAL CENTER, CORP.
- 2. The name and address of the registered agent and office is:

MILDRED BODE 19711 NW 84 AVENUE HIALEAH, FL. 33015

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

x (SIGNATURE

PEBRUARY 2. 2023 FEB -2 PM 8: 0