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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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
EL SOL CLINICAL RESEARCH CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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TALLAHASSEE, FLORIDA

M. A.

Electronic Filing Menu Corporate Filing Menu Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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: EL SOL CLINICAL RESEARCH CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2511 W VIRGINIA AVE
TAMPA FL 33607

Mailing address, if different is:
2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT $1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernesto Diaz Medina, President
Address: 2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

Name and Title: Yaneisis Valdes Carrion Treasurer
Address: 2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

Name and Title: Julio Cesar Martinez Cardenas, Vice-President
Address: 2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES FL 33134

Name and Title: Omar Sanchez Guevara, Secretary
Address: 2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ERNESTO DIAZ MEDINA

Address: 2100 PONCE DE LEON BLVD SUITE 1240

CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

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

Name: ERNESTO DIAZ MEDINA

Address: 2100 PONCE DE LEON BLVD SUITE 1240

CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

Ernesto Diaz Medina

Required Signature-Registered Agent

03/23/2023

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.

Ernesto Diaz Medina

Required Signature-Incorporator

03/23/2023

Date

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