

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP
 Account Number : 120100000009
 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
EMPIRE MEDICAL CENTER AND WELLNESS, CORE

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

11 3:29

2573

FILED
 23 MAR 31 PM 12:35
 TALLAHASSEE, FLA.

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: EMPIRE MEDICAL CENTER AND WELLNESS, CORP.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
50 LINDSEY COURT SUITE 101-103
HIALEAH, FL 33010

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

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

Mailyn Fernandez Rojas, VP
Name and Title: _____
2100 PONCE DE LEON BLVD SUITE 1240
Address: _____
CORAL GABLES, FL 33134

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

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

ARTICLE VII INCORPORATORThe **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

03/31/2023

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

03/31/2023

Date

Date

Date

Date

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Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date