Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI BLUE STAR MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

in compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

and the corporation is:
Miani Blue Star Medical Centre Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1209 Wight FL 33131
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
2023 AUG
23
APTICLE V. DOWN 1. DOW
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Makaza aguiaz
999 PEICHELL BEYDE APT 15011.
Miani FL 33131
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Mahaza agricaz
999 brickell Bay NP 1204
Miani F1 30,31

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 Agent

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.

Incorporation

Unite

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