P23 0000 61973

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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     Division of Corporations
     Fax Number    : (850)617-6381
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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
PRADO MEDICAL CENTER CORP

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

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

Prado Medical center corp

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

20500 S.W 132 ave
Miami FL 33177

ARTICLE III   SHARES: The number of shares of stock is: _100_

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Osvaldo Prado   P
Dania Lima   VP

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

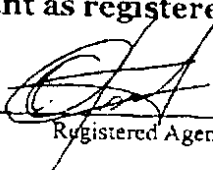The name and Florida street address (PO Box not acceptable) of the registered agent is:

Osvaldo Prado
20500 S.W 132 ave
Miami FL 33177

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Osvaldo Prado
20500 S.W 132 Ave
Miami FL 33177

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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

_____   8-24-2023
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.

_____   8-24-2023
Incorporator   Date