

P23000076997

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000378968 3))



H230003789683ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
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
ENVY SOUTH FLORIDA MEDICAL CENTER CORP

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

FILED

2023 OCT 31 PM 4:30

TALLAHASSEE, FL

TALLAHASSEE, FL

2023 OCT 31 AM 8:28

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Envy South Florida Medical Center corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2711 SW 137 AVE suite 94 Miami FL
33175

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Leonor Castillo Martinez (P)

FILED
MAY 10 2023
TALLAHASSEE, FL

2023 OCT 31 AM 8:28

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Leonor Castillo Martinez
2711 SW 137 AVE suite 94 Miami FL
33175.

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

Leonor Castillo Martinez
2711 SW 137 AVE suite 94 Miami FL
33175.

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

[Handwritten Signature]

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.

[Handwritten Signature]

Incorporator

Date

FILED

2023 OCT 31 AM 8:28

STATE
TALLAHASSEE, FL