

**A23000080048**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

*11/09/23*

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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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.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LAS MIAS MEDICAL CENTER 2, INC.**

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

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**3RD  
~~2ND~~ REQUEST**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

LAS Mias Medical Center 2, INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7575 West Flagler St, Suite 200  
Miami, FL, 33144

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Lucy CRUZ President

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lucy CRUZ  
16321 SW 53ter  
Miami, FL, 33185

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

Lucy CRUZ  
16321 SW 53ter  
Miami, FL, 33185

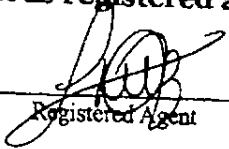
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EIN: 93-4325622

**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.

  
\_\_\_\_\_  
Incorporator Date

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