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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CASTILLA SERV MED CORP**

Certificate of Status	0
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03:06 PM 12/19/23

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CASTILLA Serv Med Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

Manuel Castilla Crespo 8145 NW 7th St Apt 519
8145 NW 7th St Apt 519 Miami, FL 33126 Miami FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Servicios Medicos (Medical Services)**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Manuel Castilla Crespo (P)Address: 8145 NW 7th St. Apt 519 Address: Miami, FL 33126

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Manuel Castilla Crespo
 Address: 8145 NW 7th St Apt 519
Miami FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manuel Castilla Crespo
 Address: 8145 NW 7th St Apt 519
Miami FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/19/2023. (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:

 Required Signature/Registered Agent 12/19/2023
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.

 Required Signature/Incorporator 12/19/2023
Date