

Florida Department of State

Division of Corporations
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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
POLICLINICA 1932 CORP.

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

ARTICLE I NAME

The name of the corporation shall be: POLICLINICA 1932 CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1600 PONCE DE LEON BLVD

10TH FLOOR, CORAL GABLES FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN DAVID CARVAJAL - P

Name and Title: _____

Address 1600 PONCE DE LEON BLVD

Address: _____

10TH FLOOR, CORAL GABLES FL 33134

Name and Title: ASDRUBAL TOBIAS GONZALEZ - VP

Name and Title: _____

Address 1600 PONCE DE LEON BLVD

Address: _____

10TH FLOOR, CORAL GABLES FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: JUAN DAVID CARVAJAL
Address: 1600 PONCE DE LEON BLVD
10TH FLOOR, CORAL GABLES FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN DAVID CARVAJAL
Address: 1600 PONCE DE LEON BLVD
10TH FLOOR, CORAL GABLES FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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
06/26/2024
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
06/26/2024
Date