

## Florida Department of State

Division of Corporations  
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## To:

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

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**DIALYSIS GONZALEZ INC**

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

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2024 AUG 15 PM 12:31  
STATE OF FLORIDA  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:DIALYSIS GONZALEZ INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

269 NW 32ND STREETOAKLAND PARK FL 33309**ARTICLE III SHARES:** The number of shares of stock is: 100SHARES@1.00**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARLON GONZALEZ SUAREZ (PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

MARLON GONZALEZ SUAREZ269 NW 32ND STREETOAKLAND PARK FL 33309**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARLON GONZALEZ SUAREZ269 NW 32ND STREETOAKLAND PARK FL 33309

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

**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

MARLON GONZALEZ

Registered Agent

08/12/2024

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.

MARLON GONZALEZ

Incorporator

08/12/2024

Date

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TALLAHASSEE, FL

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