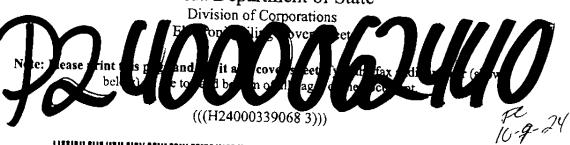
Florida Department of State



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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:\_\_

ズ

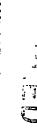
## FLORIDA PROFIT/NON PROFIT CORPORATION Y & E MEDICAL CENTER CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help





## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

Y & E MEDICAL CENTER CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3750 W 16TH Ave Suite 242 AU, Hialeah, FL., 33012	
ARTICLE III SHARES: The number of shares of stock is: 100	<del></del> ·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Eduardo Rescalla Pupo	့်က 
(president) 3750 W 16th Ave. Suite # 242AU Hialeah, FL 33012	
(C)	<u>ਨੂ</u> ''
ָרָבָיָבָ יָבְיּבְיּבָּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְ	17.5.7
	<del>-</del>
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS  The name and Florida street address (PO Box not acceptable) of the registered agent  Eduardo Rescalla Pupo  3750 W 16th Ave. Suite # 242AU-Hialeah, FL 33012	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator in Eduardo Rescalla Pupo  3750 W 16th Ave. Suite # 242AU Hialeah, FL 33012	-

## Required Signatures:

Having been named as registered agent to accept so corporation at the place designated in this certifica appointment as registered agent and ag	te. I am familiar with and accept the
Registered Agent	10/12/2024  Eate
submit this document and affirm that the facts stat he false information submitted in a document to the hird degree felony as provided for in 8,817.155, F.S.	ed herein are true. I am aware that e Department of State constitutes a
Incorporator	10/12/2024 Date

<u>:</u> •