

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P250003535034758

Please print this page and use as a cover sheet. Type the fax audit number (shown on the top and bottom of all pages of the document.

(((H25000353503 3)))



H250003535033ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CASANOVA CLINIC CENTER INC

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

FILED
2025 OCT -2 PM 2:16

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:CASANOVA CLINIC CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12254 SW 8STMIAMI FL 33184**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**YUNIER RODRIGUEZ GUARDADO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

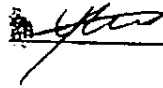
The name and Florida street address (PO Box not acceptable) of the registered agent is:

YUNIER RODRIGUEZ GUARDADO6209 YORKSHIRE CT APT 140TAMPA FL 33614 - 4655**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YUNIER RODRIGUEZ GUARDADO6209 YORKSHIRE CT APT 140TAMPA FL 33614 - 4655FILED
2025 OCT -2 PM 3:18

EIN: 39-466 8954

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

11/1/25
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

11/1/25
Date

60

2025 OCT -2 PM 2:16

FILED