

P960000015259

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800001716238
-02/15/96--01097--006
*****78.75 *****78.75

SUBJECT: BRECKENRIDGE Health Center, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Justa Thais Lemus

Name (printed or typed)

4903 SW 8th Street

Address

Miami FL. 33134

City, State & Zip

(305) 444-4232

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 15 PM 2:20

AL FEB 19 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 15 PM 2:20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BRECKENRIDGE HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4903 SW 8th Street
Miami Florida 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Justa Thais Lemus
4903 SW 8th Street
Miami FL. 33134

FILING FEE: \$70.00

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Justa Thais Lemus
4903 SW 8th Street
Miami Florida 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

TWELVE day of FEBRUARY, 1996.

Ⓢ Justa T. Lemus
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB 15 PM 2:21

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BRECKENRIDGE HEALTH CENTER, INC.

2. The name and address of the registered agent and office is:

JUSTA THAIS LEMUS
(NAME)

4903 SW 8th STREET
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI FLORIDA 33134
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

① Justa T. Lemus
(SIGNATURE)

FEBRUARY 12, 1996
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 127, TALLAHASSEE, FL 32314