

P96000061263

TRANSMITTAL LETTER

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

FILED
JUL 22 AM 9:33
TALLAHASSEE, FLORIDA

SUBJECT: D & D MEDICAL CENTER, INC.
(Proposed corporate name - must include suffix)

100001900931
-07/23/96--01005--0006
****131.25 ****131.25

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: DIANE LENOIR
Name (printed or typed)
18908 WEST LAKE DR.
Address
MIAMI, FLORIDA 33015
City, State & Zip
(305)829-6222
Daytime Telephone number

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

nl 7-23-96

ARTICLES OF INCORPORATION

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:

D & D MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

2344-46 N.W. 7TH. STREET
MIAMI, FLORIDA 33125

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES OF COMMON STOCK EACH SHARES HAVING A
PAR VALUE OF FIVE (5.00) DOLLARS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DIANE LENOIR
18908 WEST LAKE DR.
MIAMI, FLORIDA 33015

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95 JUN 22 PM 5:33
CLERK OF COURT
MIAMI, FLORIDA

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):

PRESS.

DIANE LENOIR
18908 WEST LAKE DR.
MIAMI, FLORIDA 33015

V/PRESS.

DAYANA TURBIDES
510 N. BISCAYNE RIVER DR.
MIAMI, FLORIDA 33169

SEC.

DIANE LENOIR
18908 WEST LAKE DR.
MIAMI, FLORIDA 33015

TREAS.

DAYANA TURBIDES
510 N. BISCAYNE RIVER DR.
MIAMI, FLORIDA 33169

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

17TH. day of JULY, 19 96.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

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**

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: D & D MEDICAL CENTER, INC.
2. The name and address of the registered agent and office is:

DIANE LENOIR
(NAME)
18908 WEST LAKE DR.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
MIAMI, FLORIDA 33015
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Diane Lenoir
(SIGNATURE)

07-17-96
(DATE)