

TRANSMITTAL LETTER

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

100002109111--0
-03/11/97-0101--003
*****78.75 *****78.75

SUBJECT: DOUGLAS 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: BELARMINIO TUERO
Name (printed or typed)

3672 NW 1 St.
Address

MIAMI, FLORIDA. 33125
City, State & Zip

(305) 541-7722
Daytime Telephone number

FILED
97 MAR 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

DOUGLAS HEALTH CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

3672 NW. 1 St.

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:

100 at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BELARMINIO TUERO

3672 NW 1 St.

Miami, Florida 33125

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TALLAHASSEE, 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):

BELARMINIO TUERO
3672 NW. 1 St.
Miami, Florida 33125

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

27 day of JANUARY, 19 97.

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

x Belarmino Tuero R.
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: DOUGLAS HEALTH CENTER INC.

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

BELARMINIO TUERO

(NAME)

3672 NW 1 St.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33125

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

x Belarmino Tuero R.
(SIGNATURE)

01-27-97

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314