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LOCAL REPRESENTATIVE TALLAHASSEE

100002847261--0

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. C & L MEDICAL CENTER INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

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99 APR 22 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

4/22
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TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

C & L MEDICAL CENTER INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

C & L MEDICAL CENTER INC.

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ARTICLE II

PRINCIPAL OFFICE

The principal place of business of said corporation shall
be at: **710 S.W. 17TH AVENUE
MIAMI FL 33135**

with the privilege of having branch offices at other places within
or without the State of Florida.

ARTICLE III

CAPITAL STOCK

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

Five Hundred Shares

Articles of Incorporation

Article IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Carlos Martin
12890 N.W. 2 St
Miami, Fl 33182

Article V

Incorporators

The names and street addresses of the incorporators to these Articles of Incorporation are:

Name	Address
Carlos Martin – President	12890 N.W. 2 St. Miami, Fl 33182
Lourdes Martin – Treasurer	12890 N.W. 2 St. Miami, Fl 33182
Ileana Aguiar – Secretary	364 S.W. 110 Ave Miami, Fl 33174

Articles of Incorporation

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 23th day of March 1999

WITNESSES

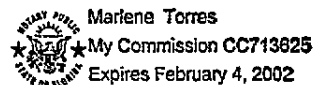
Marlene Torres
Marlene Torres
Jeanette Torres
Jeanette Torres

Carlos Martin
Carlos Martin-President
Lourdes Martin
Lourdes Martin-Treasurer
Ileana Aguiar
Ileana Aguiar-Secretary

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Carlos Martin, Lourdes Martin and Ileana Aguiar who are known to me to be the persons described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signers respectively and the facts and matters therein set forth are true and correct.

Marlene Torres
Notary Public

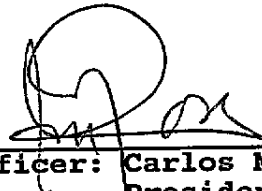


Articles of Incorporation

CERTIFICATE DESIGNATING RESIDENT AGENT

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.

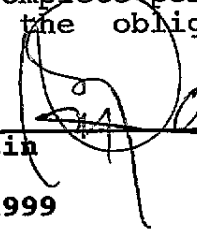
1. The name of the corporation is:
C & L MEDICAL CENTER INC.
2. The name and address of the registered agent and office is:
Carlos Martin
710 S.W. 17th Ave.
Miami Fl 33135



Corp. Officer: **Carlos Martin**
President

Date: March 23, 1999

Having been named to accept service of process for the above stated corporation at 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.



Carlos Martin
March 23, 1999

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgements, personally appeared **Carlos Martin** to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.
IN WITNESS WHEREOF, I set my hand and official seal in the County and State named above, this 23 day of March 1999

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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