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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
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 Ac	idress:
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FLORIDA PROFIT/NON PROFIT CORPORATION DIALYSIS GONZALEZ INC

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



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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

DIALYSIS GONZALEZ INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	(I)
269 NW 32ND STREET	
QAKLAND PARK FL 33309	-
	T : 从 为个
ARTICLE III SHARES: The number of shares of stock is: 100SHARES@	SEE OF
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	ני
MARLON GONZALEZ SUAREZ (PRESIDENT)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	200
The name and Florida street address (PO Box not acceptable) of the registered ag	
MARLON GONZALEZ SUAREZ	,
269 NW 32ND STREET	
OAKLAND PARK FL 33309	
ARTICLE VI INCORPORATOR: The name and address of the Incorpora	tor is:
MARLON GONZALEZ SUAREZ	
269 NW 32ND STREET	

OAKLAND PARK FL 33309

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

MARLON GONZALGS 08/12/2024 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.

MARLON GONZAL 35

08/12/2024

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