Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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925 JAN -3 PM 4: N

FLORIDA PROFIT/NON PROFIT CORPORATION ADONAI MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: Adonai Medical Center INC ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 1200 NW 78 AVE SUITE 212 Doral ft 33126 ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ANGELA MARIA HANSEN (p) ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Morida street address (PO Box not acceptable) of the registered agent is: ANGELA MARIA HANSEN 1200 NW 78TH AVE STE 212 DORAL FL 33126 7 ARTICLE VI INCORPORATOR! The name and address of the Incorporator is: ANGELA MARIA HANSEN 6219 WOODHAVEN VILLAGE DR PORT ORANGE FL 32128

E/N: 33-2628812

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

argian Husen	10/19/1034
Registered Agent	/ / 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.

angilon Haran	10/19/20201.
incorporator	l Date

SECRETARY OF STATE

STATE OF STATE

OF CHAPTER

OF CHA