

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Please print the filing number (shown below) on the top and bottom of all pages of the document.

(((H25000012571 3)))



H250000125713ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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 Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SAMPEDRO MEDICAL CARE CLINIC CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2015 JAN 13 PM 4:14

STATE OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2015 JAN 13 PM 4:32

STATE

STATE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:SAMPEDRO MEDICAL CARE CLINIC Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

330 SW 27th Ave
MIAMI FL 33135 Suite 303**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**YASHIT SAMPEDRO RIVERO (P)

2025 JAN 13 PM 4:33

STATE
FL**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

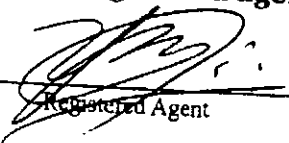
The name and Florida street address (PO Box not acceptable) of the registered agent is:

YASHIT SAMPEDRO RIVERO
330 SW 27th Ave
MIAMI FL 33135 Suite 303**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YASMIT SAMPEDRO RIVERO
330 SW 27th Ave
MIAMI FL 33135 Suite 303

EIN: 33-2794747

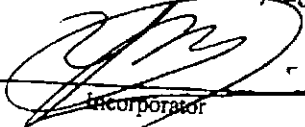
Required Signatures:

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



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.



Incorporator_____
DateSTATE
SEAL

2015 JAN 13 PM 4:33