

23 2 6 18 page 1
 23/23, 4:21 PM Division of Corporations
P23000022015
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : FASTKIT CORP
 Account Number : I20100000009
 Phone : (305)599-0839
 Fax Number : (305)592-9591

****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
 EL SOL CLINICAL RESEARCH CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

13:43:31

2023 MAR 23 AM 5:39
 FALL AUSTIN, TEXAS

M.A.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: EL SOL CLINICAL RESEARCH CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2511 W VIRGINIA AVE
TAMPA FL 33607

Mailing address, if different is:
2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ernesto Diaz Medina, President</u>	Name and Title:	<u>Yaneisis Valdes Carrion, Treasurer</u>
Address:	<u>2100 PONCE DE LEON BLVD SUITE 1240</u> <u>CORAL GABLES, FL 33134</u>	Address:	<u>2100 PONCE DE LEON BLVD SUITE 1240</u> <u>CORAL GABLES, FL 33134</u>

Name and Title:	<u>Julio Cesar Martinez Cardenas, Vice-President</u>	Name and Title:	<u>Omar Sanchez Guevara, Secretary</u>
Address:	<u>2100 PONCE DE LEON BLVD SUITE 1240</u> <u>CORAL GABLES, FL 33134</u>	Address:	<u>2100 PONCE DE LEON BLVD SUITE 1240</u> <u>CORAL GABLES, FL 33134</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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MAR 23 2023
AM 5:39
TAMPA, FL

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ERNESTO DIAZ MEDINA
 Address: 2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERNESTO DIAZ MEDINA
 Address: 2100 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Ernesto Diaz Medina

Required Signature-Registered Agent

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.

Ernesto Diaz Medina

Required Signature-Incorporator

03/23/2023

Date

03/23/2023

Date

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 MAR 23 2023
 AM 5:39
 STATE OF FLORIDA
 DEPARTMENT OF STATE