

H160001293323

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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Email Address:

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16 MAY 25 AM 9:16  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
OD MEDICAL CORP

Certificate of Status	0
Certified Copy	1
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16 MAY 25 PM 4:22

STATE  
TALLAHASSEE, FLORIDA

MAY 26 2016

S. GILBERT

H16000129332

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

**OD MEDICAL CORP**

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

**9910 NW 80TH AVE SUITE D**

**HIALEAH GARDENS FL 33016**

**ARTICLE III SHARES:** The number of shares of stock is: **100 Shares @16**

**ARTICLE IV INTIAL DIRECTORS AND/OR OFFICERS:**

**ORIANA GABRIELA DAVILA CHACIN** (D)

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

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

**PABLO A MARTINEZ**

**200 S BISCAYNE BLVD STE 2790**

**MIAMI FL 33131**

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

**ORIANA GABRIELA DAVILA CHACIN**

**9910 NW 80th Ave suite D**

**Hialeah Gardens FL 33016**

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MAY 25 2016  
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**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**



05/23/2016

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.**



05/23/2016

Incorporator

Date

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