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Division of Corporations

P23000018279

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FLORIDA PROFIT/NON PROFIT CORPORATION DR MULTISERVICES GROUP CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 521, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: DR MULTISERVICES GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2500 NW 79th AVE STE 238 DORAL, FL 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANYS RAMON DULCE BAHIADES (P)

Name and Title: _____

Address 2500 NW 79th AVE STE 238
DORAL, FL 33122

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: DANYS RAMON DULCE BAHADES
 Address: 2500 NW 79th AVE STE 238
DORAL, FL 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANYS RAMON DULCE BAHADES
 Address: 2500 NW 79th AVE STE 235
DORAL, FL 33122

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

[Signature]
Doc. No. of Use (Mar 9, 2023) 13-31 EST
 Required Signature/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.

[Signature]
Doc. No. of Use (Mar 9, 2023) 13-31 EST
 Required Signature/Incorporator

Date

2023 MAR-9 11:14
 DEPARTMENT OF STATE
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