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HISTORY 718663ARCO

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To:	Division of Co	rporations
	Fax Number	: (850)617-6381
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FLORIDA PROFIT/NON PROFIT CORPORATION INSURANCE DOCTOR OF FLORIDA CORP.

Certificate of Status	0
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5/2033 05:10:	#5276 P.002/003
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro ARTICLE I NAME: The name of the corporation	offin 15 JULIU TO
ARTICLE I NAME: The name of the corporation	ising the Asset of State
Insurance Doctor of Flor	ida Corp
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 1414 NW 107 th AVE Su DOTGI FL 33172	1+e 402
ARTICLE III SHARES: The number of shares of stock is:	<u>oo</u>
ARTICLEIV INITIAL DIRECTORS AND/OR OFF Calvo, Jose Adrian (Herrera Talesias, Janet	TCERS: (P)
•	`
ARTICLE V INITIAL REGISTERED AGENT AND STREE	ET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the r	egistered agent is:
Calvo, Jose Adrian	
1414 NW 107+6 Ave su	<u>uite 402</u>
Doral /FL 33172	
ARTICLE VI INCORPORATOR: The name and address of th	e Incorporator is:
Calvo, Jose Adrian	
1414 NW 107th Ave Suit	e 402
Dovol El 33172	· · · · · · · · · · · · · · · · · · ·

Rem	<u>uired</u>	Sim	atu	res:
1100	<u>ur c</u> u	<u> </u>		

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

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