| | 157721 |
|---|--|
| OFFICE USE OF TWO CO. (A. #) | |
| LAZARUS CORPORATE FILING SERVICE [Requestor's Name] 3320 S.W. 87 AVENUE | |
| (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) | |
| TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) | OFFICE USE ONLY |
| CORPORATION NAME(S) & DOCUMENT NUMB | ER(S) (if known): |
| 1. ORIHOPAEDIC GROUP | OF FLA CORP. |
| Corporation Name) 3. | (Document /) |
| (Corporation Name) 4. | (Document /) |
| (Corporation Name) Walk in Pick up time 2.00 | (Document #) RECORD STATE OF THE CONTROL OF THE CO |
| Mail out Will wait Photocopy | Certificate of Status |
| NEW FILINGS AMENDMEN Profit Amendment | TAS: |
| NonProfit Resignation of R.A . Limited Liability Change of Registers | ., Officer/Director |
| Domestication Dissolution/Withdra Other Merger | wal DA 5 |
| | • |
| OTHER FILINGS REGISTRATION OUALIFICATION | |
| Fictitious Name Name Reservation Name Reservation | ******78.85 *****78.75° |
| Reinstatement | |
| Other | The state of the s |

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ORTHOPAEDIC GROUP OF FIA COF



ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8020 CORAL WAY Rear MIAMI, FIA 33165

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YOEL CRUZ, DIAZ 5662 SW65+ (Rear) MIAMI, FIA 33134

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of

| Incorporation is(are): 5662 SW 6 St | · |
|---|--|
| MIAMI, F/A 33134 | |
| MIAMI, FIA 33134 YOEL CRUZ DIAZ | |
| The undersigned incorporator(s) has(have) executed these Article incorporation this _ 17_day of, 201) | OAPRIB PH 1: 1 SECRETARY OF STATE ALLAHASSEE FLORE |
| ARTICLE VI- DIRECTOR(S) | DA FL 9 |
| | |
| The name(s) and street address(es) of the director(s) to these A | rticles of |
| Incorporation is (are): Yoel CRUZ DIAZ /F | PREC /U.P |
| Incorporation is (are): Voel CRUZ DIAZ /F | DE /SEC. |
| 5662 SW 6 J+ REGY 141AMI, FIA 33134 | - - |
| 14/AM/ F/A 33/34 | (305) 2678600 |
| | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent