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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Muse Medical Center, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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01 MAY 25 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECORDED  
01 MAY 25 PM 12:39  
DIVISION OF CORPORATION

Examiner's Initials

# ARTICLES OF INCORPORATION

The under signed 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: MUSE MEDICAL CENTER, INC.

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## ARTICLE II - PRINCIPAL OFFICE:

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

4800 W. Flagler St. Suite #18  
Miami, Florida, 33134

## ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundreds (500) Shares with a value of \$1.00 each.

## ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

Lazaro MUSE  
4800 W. Flagler St  
Miami, Fl. 33134

ARTICLE V - INCORPORATOR (S):

The name(s) and street address(s) of the incorporator (s) to these Articles of Incorporation is (are):

Lazaro Muse, as President  
4800 W. Flagler St. Suite #18  
Miami, Fl. 33134


ARTICLE VI - DIRECTOR (S):

The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

Lazaro MUSE, as President with the 100% of shares  
4800 W. Flagler St. #18  
Miami, Fl. 33134

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this  
22nd day of May, ~~1999~~ 2001.-

X


  
\_\_\_\_\_  
Lazaro Muse. President.-  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the Undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MUSE MEDICAL CENTER, INC.
  
2. The name and address of the registered agent and office is: Lazaro Muse  
4800 W. Flagler St.  
Suite #18  
MIami, Fl. 33134

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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.

x 

DATE: May 22nd., 2001.-

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