# DEFICE SE ONLO DE (No. 16) LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) (Address) (City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY

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C	ORPORATION NAME(S) (	DOCUMENT	NUMBER(S) (if kn	own):			
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Limited Partnership

Examiner's Initials

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Other

Fictitious Name

Name Reservation

# ARTICLES OF INCORPORATION

The undersigned Incorporatoi (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:

GeniNi Medical GROOP, CORP.

### ARTICLE II - PRINCIPAL OFFICE

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

2833 S.W. 131 Place Hismi, FL. 33175

### ARTICLE III -SHARES

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

100 Shares

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIDA Fontan 2833 S.W. 131 Place MIRMI, PL. 33175

# ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ElioA Fortan 2833 S.W. 131 Place Miami A. 33/75

The undersigned incorporator has executed these Articles of Incorporation this <u>O</u> 7 day of <u>JUNC</u> 20 <u>01</u> Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):
ELIDA Fontan 2833 S.W. 131 Place President 41pmi, FL. 33175
MAGALY HERNANDEZ 10200 SW 86 ST. Vice President miami, PC 33173.
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.
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Registered Agent Signature