OFF USE Q <u> 20 S.W. 87 AVENUE</u> MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Walk in Certified Copy Mail out Will wait Certificate of Status Photocopy NEW FILINGS **AMENDMENTS** Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent **Limited Liability** Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILINGS QUALIFICAZIÓN Annual Report Foreign/ Fictitious Name Limited Partnership Name Reservation Reinstatement Tłademark Other Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: EMR CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

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

14243 S.W 173 STREET MIAMI, FL 33177

ARTICLE III SHARES

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

ONE HUNDRED SHARES @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida address of the initial registered agent is:

ELSA JAKUBZICK 14243 S.W 173 STREET MIAMI, FL 33177

ARTICLE V INCORPORATOR(S)

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

ELSA JAKUBZICK (President) 14243 S.W 173 STREET MIAMI, FL 33177

Signature / Incorporator

]2-<u>5-</u>2 Date

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature / Registered Agend

Date