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<u>TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)</u>	
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):
1. RAINBOW MEDICAL (Corporation Name)	CENTER CORP
2. (Corporation Name)	(Document #)
3.	<i>V Q</i>
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
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NEW FILINGS AMENDM	ENTS
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Trademark

Examiner's Initials

Other

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 L - NAME

The name of the corporation shall be:

Rainbow Medical Center Corp. 38 8

ARTICLE II - PRINCIPAL OFFICE

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

130 SW 109 Ave #8 Miani, Florida 33174

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:

Katia Naranjo 130 sw 109 Ave #8 Miani Florida 33174

ARTICLE V - INCORPORATOR

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

Incorporation is: Katia Naranjo 130 SW 109 Ave #8
130 SW 109 ALE #8
Miani Florada 33174
The undersigned incorporator has executed these Articles of Incorporation this <u>15</u> day of <u>Parch</u> 20 <u>00</u> Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):
Katia Naranjo: President
130 SW 109 Ave #8
Miani Florida 3374
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 Signature