Address	
City/State/Zip Phone #	
LEBACY Profession 1211 SW 163 SHEE AMI FU 33177	Office Use Only (if known):
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time _	(Document #) Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS 5000529218504/18/02010240 Amendment *****78.75 ******7 Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark

CR2E031(7/97)

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:

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RESEARCH CENTER OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

6800 BIRD ROAD # 343 MIAMI, FLORIDA 33155-3708

The mailing address of this corporation shall be

6800 BIRD ROAD # 343 MIAMI, FLORIDA 33155-3708

ARTICLE III SHARES

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

ONE HUNDRED SHARES ONE DOLLAR PER VALUE

PREPARED BY:

LILIA I. RODRIGUEZ LEGACY PROFESSIONAL SERVICES, INC. 14211 SW 163 STREET MIAMI, FLORIDA 33177

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name (s) and Articles of Incorpo		• •	he incorporato	r (s) to these
- ARBILIO	YANES	PRESI	DENT	e de la companya de l
4245 SW 3 S	STREET M	ПАМІ , FL	ORIDA 33134	
- EFREN ME	NDEZ	VICE-	-PRESIDENT	, , , , , , , , , , , , , , , , , , ,
1600 SW 71	COURT M	IIAMI, FL	ORIDA 33155	
The undersigned i Incorporation, this		or (s) has (h day of	April	hese Articles of, 2001.

(Notarization is not required)

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator Does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

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2. The name and address of the registered agent and office is:	APR 18
LEGACY PROFESSIONAL SERVICES, INC.	7 P. S.
Name	6: 5: 5: 5:
14211 S.W. 163 rd STREET	U , 9,
(P.O Box or Mail Drop NOT acceptable)	
MIAMI, FLORIDA 33177	
(City / State / Zip)	

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.

04.15.02 Signature (Date)