# 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Comporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Walk in Rick up time 2.06 Certified Copy Certificate of Status Will wait Mail out AMENUMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other PARGISTRATION/ QUALTHICATION OTHER FILINGS \*\*\*\*\*\*78.75 Annual Report Foreign Fictitious Name ignited Pertnership Name Reserv≱tion Reinstalement 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 1- NAME**

The name of the corporation shall be:

DOCTORS DATA SERVICES, INC.

# ARTICLE II -PRINCIPAL OFFICE

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

5040 NW 7<sup>TH</sup>. ST., SUITE 632 MIAMI, FLORIDA 33126

#### ARTICLE III- SHARES

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

100 (ONE HUNDRED)

# ARTICLE IV-INITIAL REGISTERED AGENT AND STREET ADDRESS.

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

GERARDO A. TAVERAS 15605 SW 74<sup>TH</sup>. CIRCLE DRIVE, UNIT 1-16 MIAMI, FLORIDA 33193

# ARTICLE V- INCORPORATOR

The name and street address of the incorporator to these articles of incorporation is:

GERARDO A. TAVERAS 15605 SW 74<sup>TH</sup>. CIRCLE, UNIT 1-16 MIAMI, FLORIDA 33193 02 SEP 16 PM 12: 13
SECRETARY OF STATE
TALL AHASSEE FLORIDA

The name(s) and street address(es) of the director(s) to these articles of incorporation is (are):

GERARDO A TAVERAS,--- PRESIDENT 15605 SW 74<sup>TH</sup>. CIRCLE DRIVE, UNIT 1-16 MIAMI, FLORIDA 33193

ANGEL M CARRASCO, ------VICE PRESIDENT- TREASURER 16491 NW 12<sup>TH</sup>. ST PEMBROKE PINES, FLORIDA 33028

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been designated 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

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