# P02000/0/472

02 SEP 19 PM 1: 14 OFFICE USE ONLY(DOCUMENT #) SECRETARY OF STATE TALLAHASSEE, FLORIDA LAZARUS CORPORATE FILING SERVICE 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): (Comorntion Name) (Document #) (Document #) (Document #) (Corporation Name) Pick up time 9.00 Certified Copy Walk in Certificate of Status Photocopy Will wait Mail out AND THE PROPERTY OF THE PROPER Designation of the same

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	Fictitious Name
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## ARTICLES OF INCORPORATION

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The undersigned Incorporator(s), for the purpose of forming asecratani as state corporation under the Florida Business Corporation Act, hereby adopt(s) EE, FLORIDA the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

All-DADE HEAUTH CARE INC

### ARTICLE II - PRINCIPAL OFFICE

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

115 PONCE DE LEON BLUD COAPL GABLES 33135

### ARTICLE III -SHARES

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

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIAMI FLA 33185 MARTHA RODRIGUEZ

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ARTICLE V - INCORPORATOR

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

13227 SW 49 ST MIAMI FLA 33125

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_\_\_20\_\_\_\_

ARTICLE VI- DIRECTOR(S)

Signature

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): MANTHA RODALGUEL PRESIDENT

4590 SW 154 TH PLACE MISM FLA 33185

# 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