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LAZARUS CORPORATE FII	LING SERVICE
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MIAMI, FLORIDA (305)552-5973	
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CORPORATION NAME(S) &  1. VOR MEDICI	DOCUMENT NUMBER(S) (if known):  9L DIAGNOSTICS, CORP.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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. Limited Liability	Change of Registered Agent
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Limited Partnership

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Fictitious Name

Name Reservation

Examiner's Initials

### 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.

# SECRETARY OF STATE ALLAH (SSEE, FLORIDA OS DEC 10 PH 12: 04

# ARTICLE I - NAME

The name of the corporation shall be:

YOR MEDICAL DIAGNOSTICS. CORP

### **ARTICLE II - PRINCIPAL OFFICE**

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

10344 W Flaglen ST MiAMI F.L.

### **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:

YOEL PÉREZ 11860 SW 5 ST Miami F.L 33184

### ARTICLE V - INCORPORATOR

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

YOEI PEREZ 11860 SW 5 ST MIAMI

33184

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_

Signature

### ARTICLE VI- DIRECTOR(S)

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

YOEL PÉREZ 11860 SW 5 ST MIAMI F.L 3318Y (PRESIDENTE)

# 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.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA