P03000149699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
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TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

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CORAL GABLES, FL 33134 (305) 444-4994
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Florida International Medical Group Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| | NEW FILINGS |
|---|---|
| X | Profit |
| | NonProfit |
| | Limited Liability |
| | Domestication |
| | Other |

| | AMENDMENTS |
|---|---|
| | Amendment |
| | Resignation of R.A., Officer/ Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| | OTHER FILINGS |
|---|---|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| | REGISTRATION/ QUALIFICATION |
|---|---|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

| Examiner's Initials | |
|---|---|

CR2E031(9/92)

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
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TALLAHASSEE, FLORIDA
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***ARTICLE I NAME***

The name of the corporation shall be:

FLORIDA INTERNATIONAL MEDICAL GROUP INC.
EFF: 01-01-04

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

2900 PALM AVE., HIALEAH, FL 33012
MAILING ADDRESS:
P.O. BOX 557432, MIAMI, FL 33255

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

***ARTICLE IV SHARES***

The number of shares of stock is:

SHARES: 500

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

List name(s), address(es) and specific title(s):

LIZETTE ARANGO (P/D)
P.O. BOX 557432
MIAMI, FL 33255

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** of the registered agent is:

LIZETTE ARANGO
2900 PALM AVE
HIALEAH, FL 33012

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

LIZETTE ARANGO
P.O. BOX 557432
MIAMI, FL 33255

**********

***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***

Lizette Arango
Signature/Registered Agent — Date

Lizette Arango
Signature/Incorporator — Date