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DIVISION OF CORPORATION 05 HAY 20 AN II: 46

LAZARUS CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Certificate of Status Will wait ■ Photocopy <u>NEW FILINGS</u> **AMENDMENTS** Profit ☐ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability ☐ Change of Registered Agent Domestication Dissolution/Withdrawal Other ☐ Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incerporator(s), for the purpose of ferming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles c^{s} Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

CC Physician Dictation SErvices INC

ARTICLE II - PRINCIPAL OFFICE

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

2034 SW 25 Terrace MIAMI, FT 33133 05 HAY 20 PH 2: 37 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE III - SHARES

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

1000.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carlos D Castaneda 2034 SW 25 Terrace Mami, Fl 33133

ARTICLE V - INCORPORATOR

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

2034 SW 25 Terrace

Miami, Fl 33133

ARTICLE VI- DIRECTOR(S)

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

Carlos D Castaneda (Presidente) 2034 SW 25 Terrace Miami, Fl 33133

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