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LAZARUS CORPORATE FILING SERVICE

| CORPORATE FILING SER | VICE | |
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| 3320 SW 87TH AVENUE | | |
| 11AMI, FL 33165 (305) 552-5 | 973 | |
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| DRPORATION NAME(S) & DOCUM | IENT NUMBER(S) | , (if known): |
| NIDI MEDICAL GA (Corporation Name) | ROUP COR | P. |
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| Walk in Pick up time | 2.00 | Certified Copy |
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| NEW FILINGS | AMENDMENTS | |
| Profit | ☐ Amendment | |
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| Limited Liability Domestication | Change of Re Dissolution/W | gistered Agent Jithdrawal |
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CR2E031(7/97)



ARTICLES OF INCORPORATION ... 05 00T 10 PM 3: 01

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 I - NAME

The name of the corporation shall be:

NIDI MEDICAL GROUP CORP.

ARTICLE II - PRINCIPAL OFFICE

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

116 B PONCE DE LEON BLVD CORAL GABLES FLA 33/35

ARTICLE III -SHARES

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

100 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

NIDIALYS VAZQUEZ

116 B PONCE DE LEON BLVD

CORAL GABLES, FLA 33135

ARTICLE V - INCORPORATOR

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

CORAL GABLES, FLA 33135

The undersigned incorporator has executed these Articles of Incorporation this _____ day of ______ 20____

ARTICLE VI- DIRECTOR(S)

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

NIDIALYS VAZQUEZ (P). 116 B PONCE DE LEON BLVD CORAL GABLES, FLA 33135

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

SECRETARY CT STATE OF DIVISION OF CONT. PH. 3: 01

FROM: