P05000/54/66 Florida Department of State

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694

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FLORIDA PROFIT CORPORATION OR P.A.

marlene c. machado, p.a.

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ARTICLES OF INCORPORATION

OF

MARLENE C. MACHADO, P.A.

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: MARLENE C. MACHADO, P.A.

<u>ARTICLE II – PRINCIPAL OFFICE</u>

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

8140 WEST 8TH COURT HIALEAH, FL 33014

ARTICLE III - NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is to: PRACTICE IN THE MEDICAL FIELD.

<u>ARTICLE IV - SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1,000

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<u>ARTICLES V - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

MARLENE C. MACHADO 8140 WEST 8TH COURT HIEALEAH, FL 33014

ARTICLE VI - INCORPORATOR

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

MARLENE C. MACHADO 8140 WEST 8TH COURT HIEALEAH, FL 33014

The undersigned incorporator has executed these Articles of Incorporation this 15^{Tt1} day of NOVEMBER, 2005

Milane Machaerie

ARTCILE VII - DIRECTOR(S) & OFFICER(S)

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

PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER & DIRECTOR

MARLENE C. MACHADO 8140 WEST 8TH COURT HEALEAH, FL 33014 PO.9 JATOT

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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 OF STATES

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