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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUME	ENT NUMBER(S), (if known):
1. EMANUEL MEDICAL (Corporation Name)	L GROUP, INC.
(Corporation Name)	(Document #)
2. (Corporation Name)	
(Corporation Name)	(Document #)
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OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
•	Other
CR2E031(7/97)	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.

ARTICLE 1 - NAME

The name of the corporation shall be:

Emanuel Medical GROUP, INC.

ARTICLE II - PRINCIPAL OFFICE

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

232 NW 36CT Mami, F/ 33/25

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:

Celemne Delgado 232 NW 36eT Hiami Fl 1072 FEB: 03

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: 🛴 📝
Incorporation is: Celemne Delgado 232 NW 36CF. Miami, F
33/25
The undersigned incorporator has executed these Articles of

The undersigned incorporator has executed these Articles of Incorporation this 2/ day of NOV 2005.

Signature /

ARTICLE VI- DIRECTOR (S)

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

Celemne Delgado President. 232 NW 36 et President. 25125

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

051/27/22 611/2: