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Florida Department of State
Division of Corporations
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(((H06000150391 3)))

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

AC DOCTOR MIAMI, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
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H06000150391 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be

AC DOCTOR MIAMI, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is

2720 SW 28TH CT
MIAMI, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock
1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR
MAURY PUPO
2720 SW 28TH CT
MIAMI, FL 33133

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H06000150391 3

H06000150391 3

PAGE 2 AC DOCTOR MIAMI, CORP.

ARTICLE VI REGISTERED AGENT

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

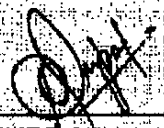
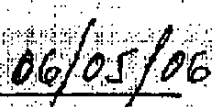
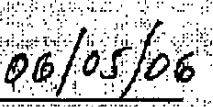
MAURY PUPO
2720 SW 28TH CT
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MAURY PUPO
2720 SW 28TH CT
MIAMI, FL 33133

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.

 _____ MAURY PUPO / Registered Agent	 _____ Date
 _____ MAURY PUPO / Incorporator	 _____ Date

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H06000150391 3