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

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE

The undersigned Incorporator(s), for the purpose of forming a TALLAHASSEE, FLORIDA 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:

PURA VIDA MEDICAL JURPILES Inc.

ARTICLE II - PRINCIPAL OFFICE

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

15715 SOUTH DIXIE HIGHWAY Suite 418 Miami F/ 33157

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:

ORlando Clausell 210 NW 107 AUR APT 203 miami +1 33172.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Incorporation is:	• Articles of		
Incorporation is: Offendo Claused. 157 15 South DIXIE Lowy.	SUITR 418		
Miami 7/ 33/57			
The undersigned incorporator has executed these Articles of Incorporation this 27th day of 1000 2000			
Signature			

ARTICLE VI DIRECTOR(S)

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