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

Examiner's Initials

FILE

ARTICLES OF INCORPORATION OF

INTEGRA HEALTH SYSTEMS, INC

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:

INTEGRA HEALTH SYSTEMS, INC

ARTICLE II PRINCIPAL OFFICE

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

6423 Collins Ave, Suite 1008 Miami Beach, Florida 33141

ARTICLE III SHARES

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

Ten thousand shares (10,000); \$10.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eddy F. Fernandez 6423 Collins Ave, Suite 1008 Miami Beach, Florida 33141

ARTICLE V INCORPORATOR

The name and street address of the incorpor Incorporation is:	rator to these Articles of
Eddy F. Fernandez	
6423 Collins Ave, Suite 1008 Miami Beach, Florida 33141	
The undersigned incorporator has executed	these Articles of Incorporation this
14th day of January 2008	•
Signature ARTICLE VI- DIR	ECTOR(S)
The name(s) and street address(es) of the d Incorporation is (are):	
EDDY FFERNANDEY Name	Gyzz Colins ave aptivus Address
	City, State, Zip Code
Cicrlos Carnasoullo Name	6355 NW 36THST, duto 503 Address
	Vurginia Gardens, 7/33166 City, State, Zip Code
Name	Address

City, State, Zip Code

CERTIFICATE OF DESIGNATION REGISTERED AGENT /REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 STATUS RELATING 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 STATE