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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

LIANKA ESCARP P.A.

Certificate of Status	1
Certified Copy	1
Page Count	01
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DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

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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:

LIANKA ESCARP P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8635 N.W. 8 ST, MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL ASSISTANT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LIANKA ESCARP - PRESIDENT

8635 N.W. 8 ST, MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

LIANKA ESCARP

8635 N.W. 8 ST , MIAMI, FL 33126

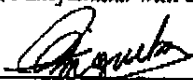
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LIANKA ESCARP

8635 N.W. 8 S7 , MIAMI FL 33126

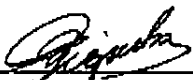
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/29/08

Date



Signature/Incorporator

4/29/08

Date

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