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DIVISION OF CORPORATION

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**DOCTOR FIXIT OF SOUTH FL. INC.**

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**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 I - NAME**

**THE NAME OF THE CORPORATION SHALL BE:**

Doctor fixit of South Fl. Inc.

**ARTICLE II - PRINCIPAL OFFICE**

**THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:**

11420 SW 131 St  
Miami FL 33176

**ARTICLE III - SHARES**

**THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:**

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

**THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS**

Silvia Peres  
11420 SW 131 St  
Miami FL 33176

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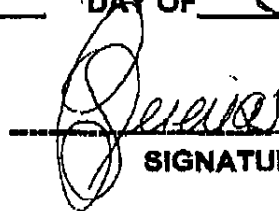
**ARTICLE V - INCORPORATOR**

**THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:**

Silvia Pereira  
11420 SW 131 St  
Miami FL 33176

**THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS**

16 DAY OF July, 2008

  
SIGNATURE

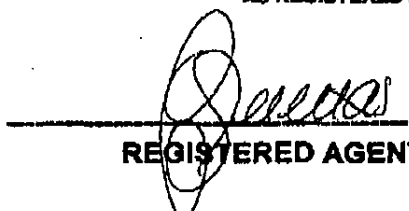
**ARTICLE VI - DIRECTOR(S)**

**THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):**

Silvia Pereira (P)  
11420 SW 131 St  
Miami FL 33176

**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

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