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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

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FLORIDA PROFIT/NON PROFIT CORPORATION

ACCU-CARE FINANCE SERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

Accu-Care Finance Service Inc

**ARTICLE II - PRINCIPAL OFFICE**

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

18812 S. Dixie Hwy  
Miami FL 33157

**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**

Marilyn Garcia-Ferro  
15846 SW 103 Lane  
Miami FL 33196

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FROM : LAZARUS

FAX NO. : 3052201440

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - INCORPORATOR**

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

Marilyn Garcia-Ferro  
15846 SW 103 Lane  
Miami FL 33196

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

4th DAY OF November, 2008

  
SIGNATURE

**ARTICLE VI - DIRECTOR(S)**

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

Marilyn Garcia-Ferro  
15846 SW 103 Lane  
Miami FL 33196

**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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