

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
Fax Number: (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

C & H MEDICAL GROUP INC

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

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Corporate Filing Menu

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DEPARTMENT OF STATE

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7/28/2009 10:20 AM

FROM : LAZARUS

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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:

C& +1 Medical GROUP Inc

ARTICLE II - PRINCIPAL OFFICE

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

4900 west Flanggler &t. SUITE #214
Miami FL 33134

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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

John CROWE 4800 WEST FLAGLER ST. SUITE # 214 Miami FL 33134

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ARTICLE V - INCORPORATOR

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

John CROWE 4800 WEST FLAGIER ST. SUITE#214 MIGMI FL 33134

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS

DAY OF JULY 2009

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(8) AND STREET ADDRESS (E8) OF THE DIRECTOR(8) TO THESE ARTICLES OF INCORPORATION IS (ARE):

John CROWE (President)

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED</u>

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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