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Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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FLORIDA PROFIT/NON PROFIT CORPORATION

e.a. ordonez md pa

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ARTICLES OF INCORPORATION

OF

E.A. ORDONEZ MD PA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: E.A. ORDONEZ MD PA

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 140 GATEWAY CIRCLE SUITE 4, JACKSONVILLE, FL 32259

ARTICLE IV PURPOSE

The purpose of this corporation shall be: MEDICAL DOCTOR

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent: JOHN J. SULIK,
445 PABLO POINT DRIVE, JACKSONVILLE, FL 32225

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

PRES/DIR

E.A. ORDONEZ

140 GATEWAY CIRCLE SUITE 4
JACKSONVILLE, FL 32259

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of
Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7th PLACE
MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation
this 13th day of September, 2010



INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

EA ORDONEZ MD PA
(NAME OF CORPORATION)

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SECRETARY OF STATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES
OF INCORPORATION, 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 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

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