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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 : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GEMINI HEALTH SERVICES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME GEMINI HEALTH SERVICES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
17140 NW 52 AVE
OPA LOCKA FL 33055

Mailing address, if different is:
17140 NW 52 AVE
OPA LOCKA FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAGALY LORENTE
Address: 17140 NW 52 AVE
OPA LOCKA FL 33055

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAGALY LORENTE
Address: 17140 NW 52 AVE
OPA LOCKA FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAGALY LORENTE
Address: 17140 NW 52 AVE
OPA LOCKA FL 33055

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

Magaly Lorente
Required Signature/Registered Agent

10-21-2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Magaly Lorente
Required Signature/Incorporator

10-21-2010
Date