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FLORIDA PROFIT/NON PROFIT CORPORATION
ULTIMATE URGENT CARE CENTER, INC.

Certificate of Status	0
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**ARTICLES OF INCORPORATION
OF
ULTIMATE URGENT CARE CENTER, INC.**

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

ULTIMATE URGENT CARE CENTER, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

2390 NE 186th Street
Miami, FL 33180

ARTICLE IV

The general nature of this corporation is to transact any and all lawful business.

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ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 share having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Michael Bahrami
2390 NE 186th Street
Miami, FL 33180

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Michael Bahrami
2390 NE 186th Street
Miami, FL 33180

ARTICLE VIII

**The name and address of the incorporator executing these
Articles of Incorporation is:**

Michael Bahrami
2390 NE 186th Street
Miami, FL 33180

**The undersigned has executed these Articles of Incorporation this 6th
day of JANUARY, 2012.**



INCORPORATOR

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

ULTIMATE URGENT CARE CENTER, INC.
(NAME OF CORPORATION)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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