

12/17/2030 05:58

#3742 P.001/003

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Florida Department of State  
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**FLORIDA PROFITE/NON PROFIT CORPORATION  
LYNN MEDICAL PROFESSIONAL, INC**

Certificate of Status	0
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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:

LYNN MEDICAL PROFESSIONAL, INC

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

4228 W 16 AVE  
HIALEAH, FL 33012

**ARTICLE III - SHARES**

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

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

FRANCES LYNN GLICKSMAN  
4228 W 16 AVE  
HIALEAH, FL 33012

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ARTICLE V - INCORPORATOR

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

FRANCES LYNN GLICKSMAN  
 4228 W 16 AVE  
 HIALEAH, FL 33012

The undersigned incorporator has executed these Articles of Incorporation this  
 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

*Frances Lynn Glicksman*  
 Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of  
 Incorporation is (are):

FRANCES LYNN GLICKSMAN  
 President

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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.

*Frances Lynn Glicksman*  
 Registered Agent Signature

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