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Division of Corporations
Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
NATIONAL MEDICAL INSTITUTE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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P.002

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: National Medical Institute Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4160 West 16 Ave
Suite #210
Hialeah, FL 33012

Mailing address, if different is:
Same

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: Juan Francisco Perez (President)	Name and Title: Shirley Santos (Vice-President)
Address: 823 West 83 Terr Hialeah FL 33012	Address: 600 NW 32 Place Suite #215 Miami, FL 33125
Name and Title: Yanepsy Santos (Treasurer)	Name and Title:
Address: 600 NW 32 Place Suite #215 Miami FL 33125	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT

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

Name: Juan Francisco Perez
Address: 823 West 83 Terr., Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Juan Francisco Perez
Address: 823 West 83 Terr., Hialeah, FL 33012

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

Juan Francisco Perez

Required Signature/Registered Agent

08/30/2013

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.

Juan Francisco Perez

Required Signature/Incorporator

08/30/2013

Date

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