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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone : (305) 552-5973

Fax Number : (305)675-5944

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

Email Address:

## ##LORIDA PROFIT/NON PROFIT CORPORATION CONSULTING SERVICE MD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

04/21/2032 05:45 .

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## Articles of Incorporation IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, P.S.

Article I - Name: The name of the corporation shall be

Consulting Service MD, Inc.

Article II - Principal and Mailing Address

15565 SW 63. Terr Miami FL 33193

<u> Article III - Shares</u>

The number of shares of stock is:

Article IV - Initial Officers and/or Directors

Mercecles Dominguez (P)

<u>Article V - Registered Agent</u>

The name and Florida street address of the registered agent is:

Mercedes Dominguez 15565 SW 63 Terr Miami FL 33193 Mercedes

Article VI - Incorporator

The name and address of the incorporator is:

Mercedes Dominguez 15565 SW 63 Terr Miami FL 33193

Lof 2

## **Required Signatures:**

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 ac	
in this capa	6-10-14
Registered Agent	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.

Incorporator Date

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