

Division of Corporations

Florida Department of State

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ORION HEALTH CARE MANAGEMENT INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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05/19/2032 04:46

#7269 P.001/004



July 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: ORION HEALTH CARE MANAGEMENT INC.
REF: W14000041876

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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Carol Mustain
Regulatory Specialist II

FAX Aud. #: H14000160356
Letter Number: 714A00014616

RECEIVED
14 JUL -8 04 3 22
TALLAHASSEE, FLORIDA

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

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

Orion Health Care Management Inc.

Article II – Principal and Mailing Address

14256 SW 148 AVE, Miami FL 33196

Article III – Shares

The number of shares of stock is:

100

Article IV – Initial Officers and/or Directors

Jose Macias Rodriguez CEO

Article V – Registered Agent

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

JOSE MACIAS RODRIGUEZ
14256 SW 148 AVE, MIAMI FL 33196

Article VI – Incorporator

The name and address of the incorporator is:

Jose Macias Rodriguez

14256 SW 148 AVE, Miami FL 33196

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The undersigned has (have) executed these Articles of Incorporation this 1 day of JULY 2014.


Incorporator Signature

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

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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 SIGNATURE

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