(((H14000186868 3)))

below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE; INC

Account Number: I20000000019 · : (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.

| Rmail | Address: | |
|-------|----------|--|
| | | |

FLORIDA PROFIT/NON PROFIT CORPORATION ACVA MEDICAL GROUP, INC.

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

H14000186868 Articles of Incorporation IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621 PS

| EV CONDENSION WITH CHEM TER CONTROL TER CONTROL CONTROL TER CONTROL CO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Article I - Name: The name of the corporation shall be |
| ACVA Medical Group, Inc. |
| Article II - Principal and Mailing Address |
| Article II - Principal and Malling Address 5450 SW 15640 PLace |
| MIAMI FL 33185 |
| |
| The second of t |
| |
| 27 |
| Article III - Shares The number of shares of stock is: |
| Article IV - Initial Officers and/or Directors |
| Article IV - Initial Officers and/or Directors Arnaldo Valido (President) |
| |

<u>Article V - Registered Agent</u>
The name and Florida street address of the registered agent is:

Article VI - Incorporator
The name and address of the incorporator is:

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 act in this capacity

Registered Agont

8-7-14

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 at third degree felony as provided for in s.817.155, F.S.

Incorporator

8-7-14

TA AUG-7 AUTH: 27