

1/21/2015

KAIZEN MEDICAL CONSULTING

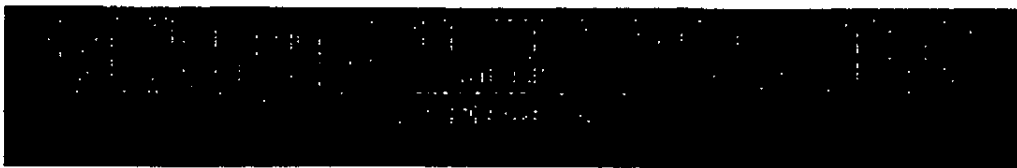
786 620 2583

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)620-2583

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MEDICAL CLINIC SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
15 JAN 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 JAN 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MEDICAL CLINIC SERVICES CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2955 SW 8 ST. STE 203MIAMI, FL 33135**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: P HERNANDEZ, HUMBERTO

Name and Title: _____

Address: 2955 SW 8 ST. STE 203

Address: _____

MIAMI, FL 33135

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

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01/26/2015 10:41 FAX

KAIZEN MEDICAL CONSULTING

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(cont.)

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: HERNANDEZ, HUMBERTO
Address: 2955 SW 8 ST. STE 203
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERNANDEZ, HUMBERTO
Address: 2955 SW 8 ST. STE 203
MIAMI, FL 33135

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 filing this with and accept the appointment as registered agent and agree to act in this capacity



Required Signature Registered Agent

01/26/15

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.



Required Signature Incorporator

01/26/15

Date