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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000086959 3)))



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To:

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
AVID MEDICAL CARE INC**

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

04/09/15

15 APR - 8 AM 9:02

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SECRETARY OF STATE
DIVISION OF CORPORATION

15 APR - 8 PM 4:35

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

H15000086959

ARTICLE I NAME: The name of the corporation is:

Avid Medical Care Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11880 Bird Road Suite 405

Miami FL 33175

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yolanda Rodriguez (P)

Carlos Hernandez (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yolanda Rodriguez

11880 Bird Road Suite 405

Miami FL 33175

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Carlos Hernandez

11880 Bird Road Suite 405

Miami FL 33175

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DIVISION OF CORPORATION

02/17/2033 05:52

#1563 P.003/003

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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 Agent

4/08/2015

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

4-08-2015

Date

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