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FAX No.

001

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION  
NUEVOS CAMINOS MEDICAL SERVICES CORP

Certificate of Status	0
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FAX No.

P. 002

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: NUEVOS CAMINOS MEDICAL SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3750 W 16 AVE STE 138U

HALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

SHARES: 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERTA ASCENCION (P)

Name and Title: \_\_\_\_\_

Address 3750 W 16 AVE

Address: \_\_\_\_\_

STE 138U

HALEAH, FL 33012

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: ROBERTA ASCENCION  
Address: 3750 W 16 AVE STE 138U  
HALEAH, FL 33012

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ROBERTA ASCENCION  
Address: 3750 W 16 AVE STE 138U  
HALEAH, FL 33012

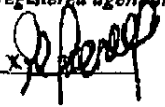
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  02/02/2016  
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  02/02/2016  
Date

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