

P16000073546

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
CMEDCARE CORP.**

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

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16 SEP -8 PM 4:42

DATA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 SEP -8 AM 10:07

9/19/16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H1600022332

ARTICLE I NAME: The name of the corporation is:CMEDCARE corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

990 Biscayne Blvd Suite 701
Miami FL 33132**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Leonel Cordova (P)16 SEP - 8 AM 10:07
SECRET
TALLAHASSEE
FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Leonel Cordova
990 Biscayne Blvd Ste 701
MIAMI FL 33132**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leonel Cordova
990 Biscayne Blvd Ste 701
MIAMI FL 33132

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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_____
Date

9/8/16

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_____
Date

9/8/16

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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