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**Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
HOUSE CALL DOCTOR INTERNATIONAL, INC**

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

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January 11, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: HOUSE CALL DOCTOR INTERNATIONAL, INC
REF: W17000002435

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000008981
Letter Number: 617A00000655

H17000008981

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

ARTICLE I NAME
The name of the corporation shall be: HOUSE CALL DOCTOR INTENATIONAL, INC

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

999 BRICKELL BAY DRIVE #207
MIAMI, FL 33131

Mailing address, if different is:

999 BRICKELL BAY DRIVE #207
MIAMI, FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: HEALTH CARE AND AESTHETICS

17 JAN 11 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILSON IZQUIERDO (PRESIDENT) Name and Title: _____
Address: 999 BRICKELL BAY DRIVE Address: _____
#207
MIAMI, FL 33131

Name and Title: WILSON IZQUIERDO (SECRETARY) Name and Title: _____
Address: 999 BRICKELL BAY DRIVE Address: _____
#207
MIAMI, FL 33131

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: WILSON IZQUIERDO
Address: 999 BRICKELL BAY DRIVE #207
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILSON IZQUIERDO
Address: 999 BRICKELL BAY DRIVE #207
MIAMI, FL 33131

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/09/2017 (OPTIONAL)

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

Notes: 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
01/09/2017
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
01/09/2017
Date

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