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FLORIDA PROFIT/NON PROFIT CORPORATION CARDINAL PROFESSIONAL SERVICES, INC.

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April 12, 2017

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE Division of Corporations

SUBJECT: CARDINAL PROFESSIONAL SERVICES, INC.

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DANIEL L O'KEEFE Regulatory Specialist II

FAX Aud. #: H17000099713 Letter Number: 917A00007111

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

### Address Mailing address, if different is: ### 13152 NW 11 COURT P. O. Box 267732 ### SUNRISE, FL 33323 WESTON, FL 33326 ###################################	ICLE II PRIN	CIPAL OFFICE Principal offices address		
SUNRISE, FL 33323 WESTON, FL 33326 TICLE III PURPOSE PURPOSE for which the corporation is organized is: THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORFORATIONS MAY BE INCORPORATED UNDER THE STATE LAW. THE STATE LAW. THE STATE LAW. THE STATE LAW. TO BE TICLE IV SHARES Name and Title: Address Name and Title:		Principal street address	Mailing add	ress, if different is:
THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MINT BE INCORPORATED UNDER THE STATE LAW. THE SHARES Namber of shares of stock is: 1,000 ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: GLORIA M. FERNANDEZ Same and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Name and Title: Address Name and Title:	13152 1	IW 11 COURT	P.O. Bo)	(267732
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Address: Name and Title: Name and Title:	CLE V INITIA Name and Title	LOFFICERS ANDVOR DIRECTOR GLORIA M. FERNA	NDEZ Name and Title:	38 HE HOA
Name and Title:	CLE V INITIA Name and Title	LOFFICERS AND OR DIRECTOR GLORIA M. FERNA. 13152 NW 11 Ca	NDEZ Name and Title: OURT Address:	38 HE HDA
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Address Address:	Name and Title:	LOFFICERS ANDVOR DIRECTOR GLORIA M. FERNAL 13152 NW 11 CL SUNRISE, FL 33	DIRECTOR: \$ 7 Name and Title: Name and Title: Address:	President
	Name and Title: Address	LOFFICERS AND OR DIRECTOR GLORIA M. FERNA, 13152 NW 11 CL SUNRISE, FL 33	DIRECTOR: \$ 7 Name and Title: Name and Title: Address:	DE SO

Name and Tit	le:	Name and Title:	
Address		Address:	
			
ARTICLE VI REG	STERED AGENT	,	
tue oanse and kiorid	street address (P.O. Box NOT acceptable) GLORIA M. FERNAN		
Name:		·	् _र ्च
	13152 NW 11 COUR.	 -	17 12
	SUNRISE, FL 3332.	3	AR P
ARTICLE YU INC	<u>URPORATOR</u>		
The name and address	s of the Incorporator is:		
Name:	GLORIA M. FERNA.		TREET PLORID
Address:	13.152 NW. 11 COU	- たT	DA 8
	SUNRISE, FL 333	23	
ARTICLE VIII EFF Effective date, if other (If an effective date ly filing.)	ECTIVE DATE: 4/10/2 than the date of filing: 18sted, the date must be specific and cana	OIF. (OPTIONAL) of be more than five days pr	ior or 90 days after the
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this certificate, Fam fa	registered agent to accept service of proces millar with aid accept the appointment as re	rgistered agent and agree to ac	et.In this capacity
XXXZ	Required Signature/Registered Agent		4/10/2017
7	Required Signeture/Registered Agent		/ Dato
I submit this documen	t and affirm that the facts stated herein are	true. I am awore that the fa	lse information submitted in a
accument to the Deput	tment of State constitutes a third degree felo	ту as proviцеа for in s.817.15: 	· / /
XNOUS.	gnatureIllncorporator	<u>- </u>	4/10/2017
Required S	Spatification /		/ Date