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Florida Department of State  
Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LINE MEDICAL CENTER INC.**

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

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K. Brumbley

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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Line Medical Center Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9050 Pines Boulevard #190  
Pembroke Pines Fl. 33024

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Barbara Caridad Fernandez (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Barbara Caridad FERNANDEZ

9050 Pines Boulevard #190

Pembroke Pines Fl. 33024

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

BARBARA CARIDAD FERNANDEZ

9050 PINES BOULEVARD #190

PEMBROKE PINES FL 33024

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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 Agent9/25/17  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator9/25/17  
\_\_\_\_\_  
Date

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