Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

PAPI'S INTENSIVE CARE CORP

Certificate of Status	0
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N. SAMS

JAN 1 0 2018

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The mane of the corporation is: ARTICHEN PRINCIPAL OFFICE: The principal street address and mailing address in 6310 N.W. 112 Terrace ARTICLE III SHARES! The number of shares of stock is: ____ | OO INTEGAL DIRECTORS AND/OR OF SICERS: Gonzalez Ramon ARTICLE V INTEGERECISTERED AGENT AND STREET ADDRESS. The name and Florida street address (PO Box not acceptable) of the registered agent is: 112 Tecrace ARMCLE VI INCORPORATOR: The name and address of the Incorporator is: lervace!

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

LAZARUS

Roman Jon gal

Date | 18

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 8.817.155, F.S.

Ramore Gorange &

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