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5/2/2018

2018-05-21 4:16 PM CST

121202573 From: Kimberly Laughrey

P 18 000046596

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA
DIVISION OF
COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Hidden Hill Holdings, Inc.

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

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MAY 21 2018

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Hidden Hill Holdings, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1920 E. Hallandale Beach Blvd., Suite 702

Mailing address, if different is:

Hallandale Beach, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: practice management services, aircraft operations and any
lawful business purpose.**ARTICLE IV SHARES**The number of shares of stock is: 200 shares, no par value per share**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David C. Pulver, M.D.

Name and Title: _____

Address President, Secretary, Treasurer, Director
1920 E. Hallandale Beach Blvd., Suite 702
Hallandale Beach, FL 33009

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David C. Pulver, M.D.
Address: 1920 E. Hallandale Beach Blvd., Suite 702
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: David C. Pulver, M.D.
Address: 1920 E. Hallandale Beach Blvd., Suite 702
Hallandale Beach, FL 33009

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

Note: 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

By: David C. Pulver, M.D. _____
Required Signature/Registered Agent

5/21/18
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
David C. Pulver, M.D.

5/21/18
Date