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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION UNION MEDICAL GROUP INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

UNION MEDICAL GROUP INC. ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is:

The principal street address and maning address is.	
600 COPORATE COURT UNIT	105
FORT MYERS FL 33919	
ARTICLE III SHARES: The number of shares of stock is:/OO	_·
ARTICLE IV INITIAL, DIRECTORS AND/OR OFFICERS:	
LEIDIER FRANCEDA (P)	
の 事件 A C にお	2018 0
P	2018 OCT 15
SSE S	PH 12:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	58
The name and Florida street address (PO Box not acceptable) of the registered agent is LEIDIER FRANCEDA	s:
600 COPURATE COURT UNIT	105
600 COPORATE COURT UNIT FORT MYERS FL 33919	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	
LEIDIER FRANCEDA	· ~ ~
600 COPORATE COURT UNIT 1	05
FORT MYERS FL 33919	

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 Agent 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.

Incorporator Date