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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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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
SOLUCION DE ACCIDENTES MIAMI CORP.

Table with 2 columns: Item Name, Quantity/Amount. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$78.75).

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FLORIDA STATE
LEGISLATIVE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE 01-01-2019

ARTICLE I NAME: The name of the corporation is:

SOLUCIÓN DE ACCIDENTES MIAMI CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7950 N.W. 53 ST.
SUITE 337
MIAMI, FLORIDA 33166

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

HEBERT A. BOHNENBLUST (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

HEBERT A. BOHNENBLUST
7950 NW 53 ST SUITE 337
MIAMI FL 33166

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

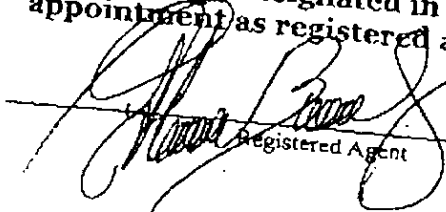
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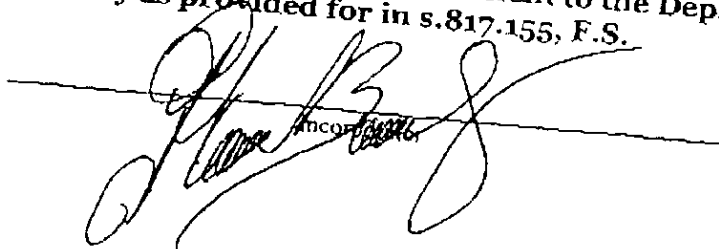
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 _____ 12-07-18
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.


Incorporator _____ 12-07-18
Date

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DIVISION OF CORPORATIONS
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