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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SENIOR MEDICAL MANAGEMENT INC**

Certificate of Status	0
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MAR 05 2019

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

ARTICLE I NAME SENIOR MEDICAL MANAGEMENT INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
4740 INGRAHAM TER _____
MIAMI, FL 33133 _____

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ELIEL REYER (P/S/D)	Name and Title:	_____
Address	4740 INGRAHAM TER	Address:	_____
	MIAMI, FL 33133		_____
	_____		_____
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: ELIEL REYER
Address: 4740 INGRAHAM TER
MIAMI, FL 33133

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ELIEL REYER
Address: 4740 INGRAHAM TER
MIAMI, FL 33133

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

Required Signature Registered Agent
MARCH 4, 2019
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
MARCH 4, 2019
Date