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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

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FLORIDA PROFIT/NON PROFIT CORPORATION
ONE POINT PHYSICIAN CARE CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002/003

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ONE POINT PHYSICIAN CARE CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4355 WEST 16 AVE STE: 201

HALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIAN VIGIL PEREIRA (P)

Name and Title: _____

Address 4355 WEST 16 AVE

Address: _____

STE: 201

HALEAH, FL 33012

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF SUPERIOR COURT
STATE OF FLORIDA

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ADRIAN VIGIL PEREIRA
 Address: 4355 WEST 16 AVE STE: 201
HIJALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIAN VIGIL PEREIRA
 Address: 4355 WEST 16 AVE STE: 201
HIJALEAH, FL 33012

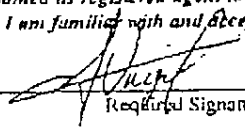
ARTICLE VIII EFFECTIVE DATE:

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

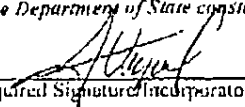


 Required Signature/Registered Agent

05/13/2019

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

05/13/2019

Date

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 MAY 14 4:11:35
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS