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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

DC Medical Resources, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF

DC MEDICAL RESOURCES, INC.

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE 1

The name of this Corporation shall be:

DC MEDICAL RESOURCES, INC.

ARTICLE II

The principal place of business/mailing address is:

420 N.E. 36TH STREET BOCA RATON, FL 33431

ARTICLE III

This Corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE IV

The aggregate number of shares which the corporation has authority to issue is one-thousand (1,000) shares of common stock having a par value of \$1.00 each. The Corporation elects to have preemptive rights for its shareholders.

ARTICLE V

This Corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of this Corporation are:

DAVID HOREN 420 N.E. 36TH STREET BOCA RATON, FL 33431 To: 18506176381 From: 12143052508 Date: 08/02/19 Time: 3:05 PM Page: 03/04

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ARTICLE VI

The name and address of the initial registered agent of this corporation is:

DAVID HOREN 420 N.E. 36TH STREET BOCA RATON, FL 33431

ARTICLE VII

The name and address of the incorporator (s) of this corporation are:

DAVID HOREN 420 N.E. 36TH STREET BOCA RATON, FL 33431

ARTICLE VIII

The start date of the Incorporation will be:

AUGUST 1, 2019

DAVID HOREN

To: 18506176381 From: 12143052508 Date: 08/02/19 Time: 3:05 PM Page: 04/04

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

DC MEDICAL RESOURCES, INC.

The name and address of the registered agent and office is:

DAVID HOREN 420 N.E. 36TH STREET BOCA RATON, FL 33431

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DAVID HOREN
/PRESIDENT

05-01-2019 DATE

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