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FAX No.

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Division of Corporations

P1900001576

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MEDICAL DEVICE SEARCH GROUP-MIAMI, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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P.002

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September 18, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICES INC

SUBJECT: MEDICAL DEVICE SEARCH GROUP-MIAMI INC
REF: W19000084586

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

If you have any further questions concerning your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: E19000274883
Letter Number: 219A00019320

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MEDICAL DEVICE SEARCH GROUP - MIAMI, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address2725 NW 163 TERRACEMIAMI, FL 33056

Mailing address, if different is:

SAME**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDREW BROWN (P/S/D)

Address

2725 NW 168 TERRACEMIAMI, FL 33056

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

19 SEP 18 PM 5:42
FALL AVALANCH
DIVISION OF CORP. REGISTRATION
FLORIDA

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: ANDREW BROWNAddress: 2725 NW 168 TERRACEMIAMI, FL 33056**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ANDREW BROWNAddress: 2725 NW 168 TERRACEMIAMI, FL 33056**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 in 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 Agent9/11/2019
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 §817.155, F.S.*

Required Signature/Incorporator9/11/2019
DateSTATE OF FLORIDA
DIVISION OF CORPORATION
19 SEP 18 PM 5:42
TALLAHASSEE, FLORIDA