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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MAGNOLIA SLEEP CLINIC, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Magnolia Sleep Clinic, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

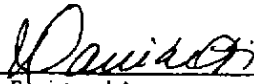
8370 W. Flagler StSuite #244Miami, FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Altagracia Victoria - Vice PresidentDania A. Oti - President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


Dania A. Oti2424 SW 112 AveMiami, FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Dania A. Oti2424 SW 112 AveMiami, FL 33165

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

 11/5/19
Registered Agent 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.

 11/5/19
Incorporator Date