

**PL000032163**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Concierge Medical SVC II Inc**

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:CONCIERGE MEDICAL SVC IT INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6750 N ANDREWS AVE FT LAUDERDALE FL 33309**ARTICLE III SHARES:** The number of shares of stock is: 150,000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P - VINICIO A RAMIREZ FIGARO**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

VINICIO A RAMIREZ FIGARO6750 N ANDREWS AVE FT LAUDERDALE FL 33309**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:VINICIO A RAMIREZ FIGARO6750 N ANDREWS AVE FT LAUDERDALE FL 3330920 JUN 11 2013  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 06-11-2013 BY 60322

**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

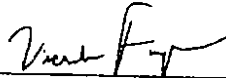


Registered Agent

7/14/2020

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.



Incorporator

7/14/2020

Date