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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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rmall	Address	· ·

FLORIDA PROFIT/NON PROFIT CORPORATION **D&A MEDICAL GROUP INC.**

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
D&A Medical group inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
Homestead Tr 33032	
ARTICLE III SHARES: The number of shares of stock is:	_•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Dame Reyes (VP)	20
Herris Fodrigues (P)) DEC
	5
	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u>ନ</u> ଓ:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is	:
11243 Sw 2455t	
Homestead, Fi 33 032	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Heris Rodriguez	
11243 Sw 2455t	
Homestead The 33032	

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

11-23-20 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

Date

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