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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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**FLORIDA PROFIT/NON PROFIT CORPORATION
NEUROLOGY PROCBD, INC**

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

2021 MAY -5 PM 4:50

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:NEUROLOGY PROCB, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14201 SW 120 St. Ste. 109
Miami, FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**President:Angel M. CARRASCO ARIAS**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Angel M Carrasco Arias
16344 SW 66 St.
Miami, FL 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Angel M Carrasco Arias
16344 SW 66 St.
Miami, FL 33193

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

A. P. R. R. C. O. 5/5/2021
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.

A. P. R. R. C. O. 5/5/2021
Incorporator Date