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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 $\textbf{Email Address:} \ in ewman @ The Med Serv Group. com$

FLORIDA PROFIT/NON PROFIT CORPORATION Medical Services Corp of Florida

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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

OFFICE ipal street address	Mailing address, if different
_	
poration is organized is: Media	
	`
EFICERS AND/OR DIRECTOR: Schak Newman, President	_
chak Newman, President	Name and Title:
chak Newman, President	Name and Title:
chak Newman, President Fields Avenue	Name and Title:
chak Newman, President Fields Avenue	Name and Title:
chak Newman, President Fields Avenue en Island, NY 10314	Name and Title:Address:
chak Newman, President Fields Avenue en Island, NY 10314	Name and Title: Address: Name and Title:
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	poration is organized is: Media

08/05/2021 09:41 17184082550 From:17184082550 To:18506176381

P: 3/3

(((H21000296095 3)))

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT	
The name and F	Florida street address (P.O. Box NOT acceptable Isaac Zwick) of the registered agent is:
Name:		
Address:	4000 North Hills Drive Unit 36	
	Hollywood, FL 33021	
ADTICLE VII	INCORDOR CTOR	
	INCORPORATOR	
The name and a	ddress of the Incorporator is: Yitzehak Newman	
Name:		<u> </u>
Address: 148 Fields Avenue	148 Fields Avenue	
	Staten Island, NY 10314	
ARTICLE VIII Effective date, it	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective of days after the fi	date is listed, the date must be specific and car	not be more than five business days prior or 90 business
Note: If the date	e inserted in this block does not meet the applicat	ole statutory filing requirements, this date will not be listed as
the document's e	effective date on the Department of State's record	S.
Having been nat this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
/s/	′ Isaac Zwick	08/05/2021
	Required Signature/Registered Agent	Date
I submit this document to the	cument und affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
/	s/ Yitzchak Newman	08/05/2021
	ired Signature/Incorporator	Date