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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (3<del>0</del>5)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION **DRAGON CLINIC INC**

Certificate of Status	0
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01/05/2022 13:24 3052201440	RECEIVED 01/04/2022 12:55PM LAZARUS CORPORATE PAG
ARTICLE:	S OF INCORPORATION liance with Chapter 607 (Profit)
DRAGON CLIN	AME: The name of the corporation is:
ARTICLE	II PRINCIPAL OFFICE:
B5 GRAN	reet address and mailing address is:
	number of shares of stock is:
ARTICLE IV. INIT	IAL DIRECTORS AND/OR OFFICURS:
BlANCA BA	vzon (P)
The name and Florida street address	GISTERED AGENT AND STREET ADDRESS:  (PO Box not acceptable) of the registered agent is:
Mari Fl	33 144
BLANCA BR	ANAL DR Suite #10)
Miani, ET	33 144

LAZARUS CORPORATE

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**2**002/002

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## 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

I submit this document and affirm that the facis 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.817.455, F.S.