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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
MEDICAL CONNECTION CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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February 4, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASKIT CORP

SUBJECT: MEDICAL CONNECTION CORP.
REF: W22000012180

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

ARTICLE I NAME

The name of the corporation shall be: MEDICAL CONNECTION CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

Mailing address, if different is:

5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal activities

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PALACIO VILLEGAS, JULIO CESAR - PRESIDENT

Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

Name and Title: ARAGON CRESPO, VICTORIA EUGENIA - DIRECTOR

Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

Name and Title: PALACIO ARAGON, VERONICA - DIRECTOR

Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

Name and Title: PALACIO ARAGON, JUAN CAMILO - DIRECTOR

Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

Name and Title: DIAZ-SARMIENTO, GABRIEL S. - SECRETARY

Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

Name and Title: _____

Address: _____

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SECRETARY OF STATE

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WEST KENDALL REGISTERED AGENTS INC
 Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL S. DIAZ-SARMIENTO
 Address: 5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Gabriel S. Diaz-Sarmiento

Required Signature/Registered Agent

02/01/2022

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.

Gabriel S. Diaz-Sarmiento

Required Signature/Incorporator

02/01/2022

Date