Division of Corporations
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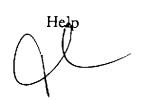
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## FLORIDA PROFIT/NON PROFIT CORPORATION MEDICAL CONNECTION CORP.

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February 4 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASKIT CORP

SUBJECT: MEDICAL CONNECTION CORP.

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Karen Lovelace Regulatory Specialist II New Filing Section FAX Aud. #: E22000043641 Letter Number: 022A00002823

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

TIÇLETI PRI	<u>NCIPAL OFFICE</u>		
SW 135 AVE, SUITE 10	Principal <u>street</u> address	5500 SW 13	Mailing address, if different is:
MI, FL 33183		MIAMI, FL	33183
TICLE III PUR purpose for whice	POSE h the corporation is organized is: Any and	all legal activi	ities
			2122 F
			EB -7
			70 <b>3</b>
TICLE IV SHA	RES 1,000	<del>-</del> -	2: 30
ICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		
Name and Ti		Name and Title	ARAGON CRESPO, VICTORIA EUGENIA - DIREC
Address	5600 SW 135 AVE, SUITE 106R	Address:	5600 SW 135 AVE, SUITE 10
	MIAMI, FL 33183		MIAMI, FL 33183
Name and Tit	PALACIO ARAGON, VERONICA - DIRECTOR		PALACIO ARAGON, JUAN CAMILO - DIRECT
Address	5600 SW 135 AVE, SUITE 106R	Name and Title	5600 SW 135 AVE, SUITE 10
	MIAMI, FL 33183	Address:	MIAMI, FL 33183
Name and Titl		Name and Title:	
Address	5600 SW 135 AVE, SUITE 106R	Address:	

Na	me and Title:	Name and Title:	
Ad	dress	Address:	
			_
i.			_
ARTICLE The name a	VI REGISTERED AGENT  nd Florida street address (P.O. Box NOT acceptable) of	faho muintand	
Name:	WEST KENDALL REGISTERED AGENTS INC		
Address:	5600 SW 135 AVE, SUITE 106R	- {	
	MIAI, FL 33183	- 2	
		2022 FEB -7 PM 2: 30	-
<u>ARTICLE</u> I	II INCORPORATOR	. j	1)
The name a	nd address of the Incorporator is:		_
Name:	GABRIEL S. DIAZ-SARMIENTO	, jag 🍜 🚺	η
Address	5600 SW 135 AVE, SUITE 106R		7
·	MIAMI, FL 33183	FILED PRESIDE	
Effective da	c, if other than the date of filing:  ive date is listed, the date must be specific and cannot	(OPTIONAL)	
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Having been certificate, I	named as registered agent to accept service of process for am famillar with and accept the appointment as registered	or the above stated corporation at the place designated in ed agent and agree to uct in this capacity	this
	Jabriel S. Diaz-Sarmiento	02/01/2022	
	Required Signature/Registered Agent	Date	_
I submit this document to	document and affirm that the facts stated herein are tr the Department of State constitutes a third degree felony	true. I am aware that the false information submitted it is as provided for in s.817.155, F.S.	n a
	Gabriel S. Diaz Sarmiento	02/01/2022	
Required Sig	mature/Incorporator	Date	_