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

From:

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SONAR 85 MED INC

Certificate of Status	0
Certified Copy	1
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Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

SONAR 85 Med 1DC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10540 NW 26 ST # 5 104 ORA 33172

ARTICLE III SHARES: The number of shares of stock is: ____ (COO

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

KIVERO UR9Ada

8 ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (PO Box not acceptable) of the registered agent is: m Ki ve Nanc MUrgado $\ddot{\Sigma}$ YT: 0.11 6 NW 210 St # 6 - MU FI 33177 Ora

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: DAISY NANCY MURGAD RIVERD 10540 NW 265+ # G104 DOFAL F1 33172

<u>Required Signatures:</u>

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

02/10/22 gent U Registered 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 4.817.155, F.S.

02/10/22 . ncorporator Date

