Florida Department of State

Division of Corporations

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : **120000000019**Phone : (305)552-5973

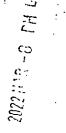
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\*\*Enter the email address for this business entity to be used for futing annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI CARE RESEARCH, CORP.

Certificate of Status 0	
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:  Hiami Care Research, Corp.  ARTICLE II PRINCIPAL OFFICE:	<del>,</del>	
The principal street address and mailing address is:		
15574 SW 55 St.  Hiami, FL 33/85  ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Lianet Acosta Altonso. (p).	. 20	
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	<b>3</b> 3	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:  Lianet Heosta Hitonso		
15574 SW 55 St. Miani PC 33185		
Miani, PC 33185		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  Lianet Acosta Alfonso		
15574 SW 55 54 1000 7 7 33185		
1/2 2/ 33/85		

## 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 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 \$\8.7,155, F.S.