

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
COTS MEDICAL GROUP & ASSOCIATES, INC.**

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: COTS MEDICAL GROUP & ASSOCIATES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
7500 NW 25 ST STE 245MIAMI, FL 33122

Mailing address, if different is:

7500 NW 25 ST STE 245MIAMI, FL 33122**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEXEY ABREU CHAPOTIN -P Name and Title: _____Address 7500 NW 25 ST STE 245 Address: _____MIAMI, FL 33122

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEXEY ABREU CHAPOTIN
Address: 7500 NW 25 ST STE 245
MIAMI, FL 33122

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: ALEXEY ABREU CHAPOTIN
Address: 7500 NW 25 ST STE 245
MIAMI, FL 33122

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

Required Signature/Registered Agent

Date 5/4/22

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.

Required Signature/Incorporator

Date 5/4/22

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