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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
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FLORIDA PROFIT/NON PROFIT CORPORATION

TECNOLOGIA MEDICA AJK CORP

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H22 000 1668583

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TECNOLOGIA MEDICA AJK CORP**ARTICLE II PRINCIPAL OFFICE**2022 NE 167TH STNORTH MIAMI BEACH, FL 33162Principal street address

Mailing address, if different is:

SAME**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUSSAN ALEJANDRO HUNEIDI HUNEIDI (P)

Name and Title: _____

Address

2022 NE 167TH ST

Address: _____

NORTH MIAMI BEACH, FL 33162

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: JUSSAN ALEJANDRO HUNEIDI HUNEIDI
 Address: 2022 NE 167TH ST
 NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUSSAN ALEJANDRO HUNEIDI HUNEIDI
 Address: 2022 NE 167TH ST
 NORTH MIAMI BEACH, FL 33162

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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
 05/09/22
 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.

 Required Signature/Incorporator
 05/09/22
 Date