Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA PROFIT/NON PROFIT CORPORATION I SHINE CLINIC, CORP.

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

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

I SHINE CLINIC, CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4913 SW 154 Ct. MIAMI, FL 33185

ARTICLE III SHARES: The number of shares of stock is: 1000.

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

BEATRIZ RADZIKOWSKI - PRESIDENT

4913 SW 154 Ct. MIAMI, FL 33185 2022 HAY 24 PH 1: 33

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida Street address (PO Box not acceptable) of the registered agent is:

BEATRIZ RADZIKOWSKI

4913 SW 154 Ct. MIAMI, FL 33185 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

BEATRIZ RADZIKOWSKI

4913 SW 154 Ct. MIAMI, FL 33185

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

Registered Agent Sign

I submit this document and affirm that the facts stated herein are true. Lam 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.