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FLORIDA PROFIT/NON PROFIT CORPORATION **NFL SOLUTION CARE 1 CORP**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is: <u>ARTICLE I</u> ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: SW 107 TH AVE STE 208 MIGMI FL 33176 100 ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET The name and Florida street address (PO Box not acceptable) of the registered agent is **INCORPORATOR:** The name and address of the Incorporator is:

PAGE 03/03

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 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.

Incorporator I late

SECRETARY OF 3

FILED