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Division of Corporations

**P230000918279**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
DR MULTISERVICES GROUP CORP.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 521, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: DR MULTISERVICES GROUP CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2500 NW 79th AVE STE 238 DORAL, 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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DANYS RAMON DULCE BAHIADES (P)

Name and Title: \_\_\_\_\_

Address 2500 NW 79th AVE STE 238

Address: \_\_\_\_\_

DORAL, FL 33122

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Name: DANYS RAMON DULCE BAHADES  
 Address: 2500 NW 79th AVE STE 238  
DORAL, FL 33122

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: DANYS RAMON DULCE BAHADES  
 Address: 2500 NW 79th AVE STE 238  
DORAL, 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*

*[Signature]*  
 Date of Filing (Mar 9, 2023 13:31 EST)

Required Signature/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.*

*[Signature]*  
 Date of Filing (Mar 9, 2023 13:31 EST)

Required Signature/Incorporator

Date

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