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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."

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Email Address:__

FLORIDA PROFIT/NON PROFIT CORPORATION NMC SERVICES CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: | |
|---|---------|
| NMC SERVICES CORP | |
| ARTICLE U PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 9600 NW SOUTH RIVER DRIVE | |
| SUITE IF 118 | |
| MEDLEY FL 33166 | |
| ARTICLE III SHARES: The number of shares of stock is: | .· |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | |
| ALFREDO CALZADO GARCTA (SP) | 5003 |
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| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | |
| The name and Florida street address (PO Box not acceptable) of the regis ered agent is: | |
| ALFREDO CALZADO GARCIA. | |
| 8600 NW SOUTH RIVER DRIVE SLITTE # 1 | 118 |
| MEDLEY PL 33166 | |
| · · | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | |
| HLPREDO CALZADO GARCIA. | ۰.۵ |
| 8000 NW South RIVER DRIVE SUITE #11 | B |
| Monity D 33100 | |

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 03 11p 2023

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

2023 HAR 15 PHIU: 30