

P23000026736

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
RAMNARAIN HOLDINGS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: RAMNARAIN HOLDINGS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
13506 ABBERWICK DR.

Mailing address, if different is:

ORLANDO, FL 32832**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MEDICAL SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AVINDRA RAMNARAIN - DIRECTOR

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

Address: 13506 ABBERWICK DR.

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

ORLANDO, FL 32832

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

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

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

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

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

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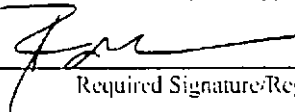
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**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: AVINDRA RAMNARAINAddress: 13506 ABBERWICK DR.ORLANDO, FL 32832**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: AVINDRA RAMNARAINAddress: 13506 ABBERWICK DR.ORLANDO, FL 32832**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*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

Date

