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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANCE ORTHOPEDIC SERVICE INC**

Certificate of Status	0
Certified Copy	1
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Help

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: ADVANCE ORTHOPEDIC SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10665 SW 190 ST SUITE 210  
CUTLER BAY, FL 33157

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: Renny A Suarez Polanco-Pres

Address 10665 SW 190 ST

Suite 210

CUTLER BAY, FL 33157

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: RENNY A. SUAREZ POLANCO  
Address: 10665 SW 190 ST Suite 3210  
Cutler Bay FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RENNY A. SUAREZ POLANCO  
Address: 10665 SW 190 ST Suite 3210  
Cutler Bay FL 33157

**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*

X

Required Signature/Registered Agent

5/17/23  
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.*

X

Required Signature/Incorporator

5/17/23  
Date