P23000043645

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INTHERMEDICAL CORP

Please Debit 1200000	00257 For: 78	
Thank you Seth Neele	ey	
Ato/		Art of Inc. File
		LTD Partnership File
/		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		An. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cerl. Copy
		Рного Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1		Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	06/05/23	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Tuttic		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

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

	ation shall be: <u>INTHERMEDICAL COR</u>	P		-	
RTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:		
97 NW 85 AVE		·			
ORAL, FL 33166			_, ,, ,		
	· ·				
<u>RTICLE III</u> PURP e purpose for which	<u>OSE</u> the corporation is organized is:				
Y AND ALL LAWFUL	BUSINESS				
			·		
·					
	··· <u>·····</u> ·····	<u>.</u>			
	<u>ES</u> stock is: <u>100 SHARES</u>				
e number of shares of <u>TICLE V INITIA</u>	stock is: 100 SHARES	Name and Title:	<u> Maria Helena Ponguta - SVPD</u>		
e number of shares of <u>TICLE V INITIA</u>	stock is: <u>100 SHARES</u> AL OFFICERS AND/OR DIRECTORS e: Jose Alvaro Ponguta Garzon - PD	Name and Title: Address:	<u>Maria Helena Ponguta - SVPD</u> <u>4797 NW 85 AVE</u>		
e number of shares of <u>TICLE V INITIA</u> Name and Title	stock is: <u>100 SHARES</u> <u>AL OFFICERS AND/OR DIRECTORS</u> e: Jose Alvaro Ponguta Garzon - PD		-		
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Name	and Title:	_Name and Title:	
Addr	ess	Address:	
		<u> </u>	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Consulting Services of South Florida Inc	_	
Address:	2121 Ponce de Leon Blvd., Ste. 1050 Coral Gables, FL 33134	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Antonio Garcia	_	
Address:	2121 Ponce de Leon Blvd., Ste. 1050 Coral Gables, FL 33134	_	
Effective date,	<u>I EFFECTIVE DATE:</u> if other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and cann	ot be more than five days p	orior or 90 days after the
<u>Note:</u> If the dat the document's	e inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirement	s, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as register	ed agent and agree to act in th	on at the place designated in this his capacity 06-06-2023
	Required Signature/Registered Agent		Date

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 Aggree felony as provided for in s.817.155, F.S.

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Required Signature/Incorporator

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Date

06-06-2023

