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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone Fax Number

: (305)552-5973 : (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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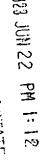
FLORIDA PROFIT/NON PROFIT CORPORATION FJ MEDICAL CORPORATION

Certificate of Status	0
Certified Copy	1
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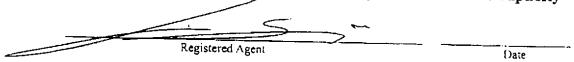
ARTICLES OF INCORPORATION *

In compliance with Chapter 607 (Profit)

, ,	
ARTICLE I NAME: The name of the corporation is:	
FJ MEDICAL CORPOR	AT
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
330 MORNINGSIDE DR	
MIAMI SPRING FL 33	166
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
(P) JOSE SAMANEZ	
(VP) FRANKCLIN MENDOZA	
2023	
2023 JUN 22 ALLAHA	LED LITE
ザ: 2 <u>>:</u> 2	72734
SO CT TO STATE OF THE STATE OF	
	وميس ("
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: NO	
The name and Florida street address (PO Box not acceptable) of the registered agent is: Jose Samane 2	
380 Morningside Dr	
Miami Springs Fl 33166	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Jose samanez	
230 Morningside Or El 33166	
Con of 61 33166	

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



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.

