

7/25/23, 11:59 AM

**P23000054980**

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
HASMA MEDICAL SOLUTION I INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: HASMA MEDICAL SOLUTION I INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8180 NW 36 ST STE 200 MIAMI, FL 33166**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: Jose Antonio Rodriguez Pereira (P)

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

Address 8180 NW 36 ST STE 200 MIAMI, FL 33166

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

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

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

Address \_\_\_\_\_

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

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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: Jose Antonio Rodriguez Pereira  
Address: 8180 NW 36 ST STE 200 MIAMI, FL 33166  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jose Antonio Rodriguez Pereira  
Address: 8180 NW 36 ST STE 200 MIAMI, FL 33166  
\_\_\_\_\_

**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*

JA  
Jose A. Pereira (0125, 2023 10-42 507)

Required Signature/Registered Agent

\_\_\_\_\_  
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.*

JA  
Jose A. Pereira (0125, 2023 10-42 507)

Required Signature/Incorporator

\_\_\_\_\_  
Date

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