

P23000056878

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000268755 3)))



H230002687553ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (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.****

Email Address: _____

RECEIVED

2023 AUG -2 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION
ONYX RESEARCH MEDICAL GROUP INC.**

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG -2 PM 6:58

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

62

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Onyx Research Medical Group INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1313 N.W. 36 STREET, SUITE # 100, MIAMI FL. 33142**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Emil Benitez (PRESIDENT)Dannielly Olazabal (VICE- PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

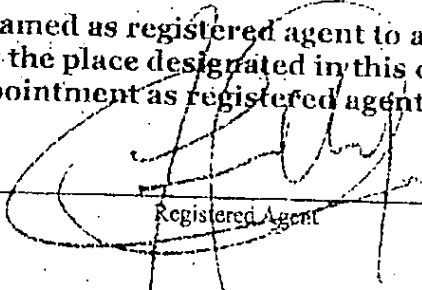
Dannielly Olazabal 1313 N.W. 36 STREET SUITE #100, MIAMI FL. 33142**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Dannielly Olazabal 1313 N.W. 36 STREET SUITE# 100, MIAMI FL 33142SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG -2 PM 6:58

FILED

Required Signatures:

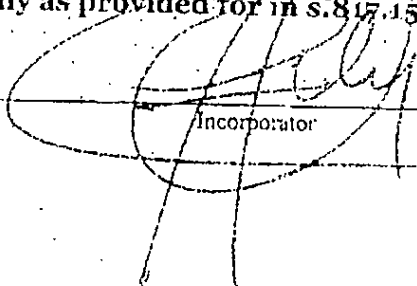
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent08/01/2023

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.



Incorporator08/01/2023

Date**FILED**

2023 AUG -2 PM 6:58

SECRETARY OF STATE
TALLAHASSEE, FL