

**PA3000062806**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MEDIZON MEDICAL GROUP CORP.**

|                       |         |
|-----------------------|---------|
| 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 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Medizon Medical Group Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

M: 20920 SW 242 ST Homestead, Florida 33031.P: 12350 Krome Ave Homestead, Florida 33030**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lazaro Moreira Gomez (P).**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

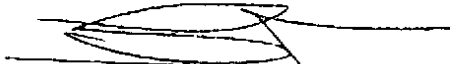
Lazaro Moreira Gomez20920 SW 242 STHomestead FL 33031**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lazaro Moreira Gomez20920 SW 242 STHomestead FL 33031SECRETARY OF STATE  
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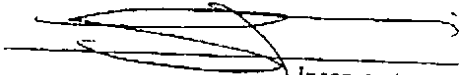
**Required Signatures:**

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 Agent

8/29/23  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

8/29/23  
\_\_\_\_\_  
Date

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