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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
KASS MEDICAL CARE CORP

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: KASS MEDICAL CARE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7270 NW 12 ST STE 335 MIAMI FL 33126**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: MICHEL ENRIQUE GARCIA (P) Name and Title: _____Address 7270 NW 12 ST STE 335 MIAMI FL 33126 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FL

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHEL ENRIQUE GARCIA
 Address: 7270 NW 12 ST STE 335 MIAMI FL 33126

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: MICHEL ENRIQUE GARCIA
 Address: 7270 NW 12 ST STE 335 MIAMI FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

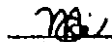
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

Michel Garcia [Sep 19, 2023 11:58 EDT]

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.

Michel Garcia [Sep 19, 2023 14:58 EDT]

Required Signature/Incorporator

Date

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 STATE OF FLORIDA
 DEPARTMENT OF STATE