

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.

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From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973	To:				23 23
From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973		Division of Co	rporations		3
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973					_
Account Number : 120000000019 Phone : (305)552-5973	From:				
Account Number : 120000000019 Phone : (305)552-5973		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	- !;	\mathbb{F}
Phone : (305)552-5973		Account Number		- F.	
Fax Number : (305)675-5944		Phone	: (305)552-5973	그날림	بب
to the second		Fax Number	: (305)675-5944	:::: ō	03
		rax Romoer	. (303)073-3344	75	د
			ress for this business entity to be used for ulings. Enter only one email address please		

FLORIDA PROFIT/NON PROFIT CORPORATION US Y MED CONCEPT MANAGEMENT, CORP

Certificate of Status	0
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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

US N MED CONCEPT

MANAGEMENT, CORP

of Document # P22000025161

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

EDGARDO USIN

ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAT				
	oration shall be: US Y MED (CONCEPT MANAGEMENT, CORP		
	INCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:		
11050 SW 163RD S MIAMI, FL 33157	TREET	11050 SW 163RD STREET		
F-100 () - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		MIAMI, FL 33157		
				
ARTIÇLE III PUL	<u>RPOSE</u>			
The purpose for which	ch the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS		
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	,			
ARTICLE IV SHA	4RES			
The number of shares	of stock is: 100			
RTICLE V INT	<u> FIAL OFFIÇERS AND/OR DIRECTOI</u>	<u>'S</u>		
Name and T	itle: EDGARDO USIN	Name and Title:		
Address	DDC010Exex			
Address	TRESIDENT	Address:		
	11050 SW 163RD STREET			
	MIAMI, FL 33157		•	
	WW. (10. 0013)			
Name and Ti	tle:	Name and Title:		
Address		Address:		
Nama and Ti	al a.			
rating and 11	uic	Name and Title:		
Address		Address		

Name 8	nd Title:	Name and Title:
Addres		Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	EDGARDO USIN	
Address:	11050 SW 163RD STREET	
	MIAMI, FL 33157	
<u>ARTIÇLE VII</u>	INCORPORATOR	
The usme and a	address of the Incorporator is:	
Name:	EDGARDO USIN	
Address:	11050 SW 163RD STREET	
	MIAMI, FL 33157	
ARTICLE VIII	** <u>EFFECTIVE DATE:</u> if other than the date of fiting;	(CAPTICANIA)
(If an effective filing.)	date is listed, the date must be specific and co	unot be more than five days prior or 90 days after the
Note: If the da	te inserted in this block does not meet the applic	able statutory filing requirements, this date will not be listed
the document's	effective date on the Department of State's reco	rds.
Having been na	med his legistered agent to accept service of proce	ss for the above stated corporation at the place designated in
certificate, I am	familian with and accept the appointment as reg	stered agent and agree to act in this capacity
		10/09/2023
	Required Signature/Registered Agent	Date
I submit this de	ocument and affirm that the facts stated herein peparinency Sque constitutes a third degree for	are true. I am aware that the false information submitted i
modifient to the	e peparatent di sont constitutes a unità acpree p	iony as promaeu for in \$.817.155, F.X
Required Signar	ture/incorporator	1 <u>0/09/2023</u>
		Date
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