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Florida Department of State
Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MEDICAL & MENTAL SERVICES, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MEDICAL & MENTAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

330 SW 27TH AVE, SUITE 409

MIAMI, FLORIDA 33135

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

HODELIN RAMON AQUINO 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:

HODELIN RAMON AQUINO GOMEZ

330 SW 27TH AVE, SUITE 409

MIAMI FL 33135

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Hodelin Ramon Aquino Gomez

330 SW 27th Ave Suite 409

Miami FL 33135

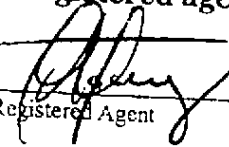
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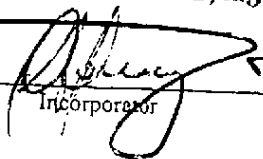
Required Signatures:

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 _____ 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 _____ Date

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DEPARTMENT OF STATE
CORPORATION SERVICES
TALLAHASSEE, FL