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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
SUPERIOR MEDICAL INSURANCE CORP

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Superior Medical Insurance Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

30450 SW 194 AV.
Homestead FL 33030**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Louedes Esther Martinez (P)Javier Gil (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

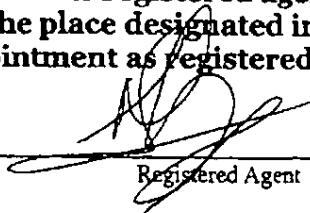
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Louedes Esther Martinez
30450 SW 194 AV Homestead
FL 33030**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Louedes Esther Martinez
30450 SW 194 AV Homestead
FL 33030

EIN: 93-4281387

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

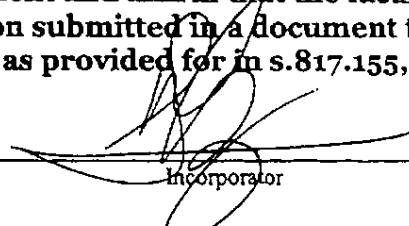


Registered Agent

11/6/23

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

11/6/23

Date