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LAZARUS CORPORATE

PAGE 01/03

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GRAND CANAL PAIN SOLUTION INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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DIVISION OF
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Grand Canal Pain solution Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

85 Grand Canal dr ste 104
Miami FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**YAMIR Hernandez Gonzalez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

YAMIR Hernandez Gonzalez
85 Grand Canal dr. ste 104
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YAMIR Hernandez Gonzalez
85 Grand Canal dr ste 104
Miami FL 33144

2024 Jun 11 11:09:06

EIN: 99 - 3433203

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

2024 JUN 11 11:09:06
A.L.T.