

Florida Department of State

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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
VIDA PLENA MEDICAL GROUP, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

VIDA PLENA MEDICAL GROUP, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5040 NW 7TH ST, STE 530

MIAMI, FL 33126

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

DUNIA BENITEZ - PRESIDENT

5040 NW 7TH ST, STE 530

MIAMI, FL 33126

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

DUNIA BENITEZ

5040 NW 7TH ST, STE 530

MIAMI, FL 33126

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

DUNIA BENITEZ

5040 NW 7TH ST, STE 530

MIAMI, FL 33126

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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

10-07-2024

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

10-07-2024

Date

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