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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
EAR MEDICAL CARE SOLUTIONS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EAR MEDICAL CARE SOLUTIONS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address4320 W. BROWARD BLVD., UNIT 4
PLANTATION, FL 33317

Mailing address, if different is:

4320 W. BROWARD BLVD., UNIT 4
PLANTATION, FL 33317**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SA**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EBERTO ACOSTA RODRIGUEZ- P

Name and Title: _____

Address 4320 W. BROWARD BLVD.

Address: _____

UNIT 4PLANTATION, FL 33317

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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JANUARY 1, 2025
FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EBERTO ACOSTA RODRIGUEZ
Address: 4320 W. BROWARD BLVD. UNIT 4
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EBERTO ACOSTA RODRIGUEZ
Address: 4320 W. BROWARD BLVD. UNIT 4
PLANTATION, FL 33317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

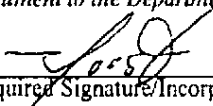
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

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.



Required Signature/Incorporator

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