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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PC MEDICAL SOLUTION CENTER INC**

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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: PC MEDICAL SOLUTION CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
1666 KENNEDY CAUSEWAY STE 603
NORTH BAY VILLAGE, FL 33141Mailing address, if different is:
1666 KENNEDY CAUSEWAY STE 603
NORTH BAY VILLAGE, FL 33141**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: SHARES 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE ANTONIO PEREZ CABRERA - P

Name and Title: _____

Address 1666 KENNEDY CAUSEWAY STE 603

Address: _____

NORTH BAY VILLAGE, FL 33141

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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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: JOSE ANTONIO PEREZ CABRERA
Address: 1666 KENNEDY CAUSEWAY STE 603
NORTH BAY VILLAGE, FL 33141

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSE ANTONIO PEREZ CABRERA
Address: 1666 KENNEDY CAUSEWAY STE 603
NORTH BAY VILLAGE, FL 33141

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 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.

Required Signature/Incorporator Date

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