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CONTACT: RAY STORMONT

FAX #: (305)541-3770

PHONE: (305)541-3694

NAME: MDYK, INC.

AUDIT NUMBER.....H96000016680

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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RAY STORMONT
11/26/96

ARTICLES OF INCORPORATION
OF
MDYK, INC.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the Corporation shall be:

MDYK, INC.

The principal place of business of the Corporation shall be:

3619 NE 207 Street, # 2315
Aventura, Florida 33180

ARTICLE II - NATURE OF BUSINESS

The Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, territory or nation.

ARTICLE III - CAPITAL STOCK

The Corporation is authorized to issue 1000 shares, all of one class, at \$1.00 par value.

ARTICLE IV - DURATION

This Corporation is to exist perpetually.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent and office of the Corporation is:

Nestor B. Gorfinkel, Esq.
1111 Kane Concourse #401
Bay Harbor Islands, Florida 33154

THIS DOCUMENT WAS PREPARED BY:
Nestor B. Gorfinkel, Esq.
1111 Kane Concourse #401
Bay Harbor Islands, Florida 33154
FAM: 380690

(205) 866-0021

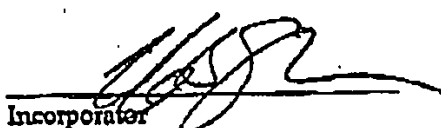
H96000016680

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is:

Nestor B. Gorfinkel, Esq.
1111 Kane Concourse #401
Bay Harbor Islands, Florida 33154

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 25 day of November, 1996.

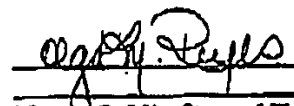

Incorporator

State of Florida
County of Dade

The foregoing instrument was acknowledged and sworn to before me this 25th day of November, 1996, by Nestor B. Gorfinkel, Incorporator of MDYK, Inc.



OLGA M. REYES
COMMISSION # CO 518658
EXPIRES DEC 14, 1999
BOWDED THRU
ATLANTIC BONDING CO., INC.


Notary Public, State of Fla.
My Commission Expires:

Personally known ☒ or produced identification ☐.

Type of Identification Produced _____

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.325, Florida Statutes.


Nestor B. Gorfinkel, Registered Agent

11/25/96
Date

H96000016680