

99700064987

AZAR'S CORPORATE INDUSTRIES, INC.
 Request No. _____
 87 AVENUE SUITE 16
 Address _____
 MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. VICOS DIAGNOSTICS & REHABILITATION
 (Corporation Name) (Document #)
2. CENTER, INC.
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00
- ☐ Mail out ☐ Will wait ☐ Photocopy

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 -07/28/97--01043--019
☐ Certified Copy *****78.75 *****78.75
☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Handwritten signature/initials

97 JUL 28 PM 1:37
 97 JUL 28 PM 1:27

Examiner's Initials	
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ARTICLES OF INCORPORATION

ARTICLE 1-NAME

The name of the Corporation is
VICOS DIAGNOSTICS & REHABILITATION CENTER, INC.

ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

13495 SW 62 ST # 4
MIAMI, FL 33183,

ARTICLE 4-INCORPORATOR

The name and street address of the incorporator of this Corporation is:

KENIA PONS
13495 SW 62 ST
MIAMI, FL 33183

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of JULY, 19 97.

Kenia Pons

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ARTICLE 5- OFFICERS

The officers of the Corporation shall be:

President:	KENIA PONS	100 SHARES
	13495 SW 62 ST MIAMI, FL 33183	
Secretary:	ROSA PONS	
	13495 SW 62 ST MIAMI, FL 33183	

NAME OF DIRECTORSR(S)

The Director(s) of the Corporation shall be:

KENIA PONS

ARTICLE 7-SHARES

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is:

100 SHARS AT \$ 1.00 PAR VALUE

ARTICLE 8-REGISTERED OWNERS

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Corporation as the owner thereof, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE 9-EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE 10-AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is:

VICOS DIAGNOSTICS & REHABILITATION CENTER, INC.

2. The name and address of the registered agent and office is:

KENIA PONS 13495 SW 62 ST MIAMI, FL 33183

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 ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

Kenia Pons

DATE _____

7-24-97

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