Office Use Only

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

1.			-04/23/98 ****122-50	01069017 _ ****122.50
	(Corporation Name)	(Document #)		
2	(Corporation Name)	(Document #)		-
3	(Corporation Name)	(Document #)		
4	(Corporation Name)	(Document #)	<u> </u>	-
☐ Walk in	Pick up time	Ce	rtified Copy	
☐ Mail out	☐ Will wait	Photocopy	ertificate of Status	

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

Mail out

AMIENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

Photocopy

OTHER FILINGS:
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
Other



Examiner's Initials

ARTICLES OF INCORPORATION

the

the following articles of incorporation for such corporation:	in under the Pio	inda Business Corporad	omres, adopt(s)
The name of the corporation is:		F	SAR SAR
	- DURATION		S. r.o.
ARTICLE III	- PURPOSE		
The corporation is organized for the purpose of engaging is United States and the State of Florida.	n any activities o	or business <u>p</u> ermitted u	nder the laws of the
- -	of common stock	k, par value \$ <u>/. 00</u>	per share.
ARTICLE V - INITIAL The street address of the initial principal office and, if diffe			
STREET ADDRESS 18075 N.W. 27 AVC			
CITY Carol City Mailing address if different	FLORIDA	FL. Z	™ 330SS
Mailing address, if different STREET ADDRESS	l E		
CITY	FLORIDA	2	IP
ARTICLE VI - INITIAL REGIS The street address of the initial registered office and t			ent at the office is:
NAME Eddic Williams			
ADDRESS 2210 N.W 170 St.			

ARTICLE VII - INITIAL BOARD OF DIRECTORS

ARTICLE VII - IIVII IA	3) directors initially. The nu	mher of directors may be
This corporation shall have Three (either increased or diminished from time to time by the By-L addresses of the initial director(s) of the corporation are as fo	aws, but shall never be less than one	e (1). The names and
NAME Dr. Pierre Blemur	·	
ADDRESS 18075 N.W 27 AVC		ZIP 33055
CITY Carol. City FL	STATE FL.	ZH 22022
NAME Genola Jones		· · · · · · · · · · · · · · · · · · ·
ADDRESS 3414 E. Shore Rd.		
CITY Miranar	STATE /-/.	ZIP 33006
NAME Eddie W. LI. Ams	-	
ADDRESS 2210 N.W 170 SP.		
CITY Opa Locka	STATE FL.	ZÍP 330SS
 -	I - INCORPORATORS	
The names and addresses of the incorporators signing these	Articles of Incorporation are as follo	ows:
NAME Dr. Pièrre Blemur		
ADDRESS 18075 N.W 27 AVC	- 1 (本)	ZP 33055
CITY Carol City	STATE FL-	Zir 33033
NAME GENOLA Jones	The state of the state of	
ADDRESS 34/4 E. Shore Rd.		27056
CITY MIMMOR	STATE [].	ZIP 33000
NAME Eddie Williams		
ADDRESS 2210 N.W 170 54.	No. 1985 The Second Control of the Second Co	
CITY Opa. Locka	STATE FL	ZIP 33655
The undersigned incorporator(s) have executed these	Articles of Incorporation this	
day of <u>02-11-98</u>	, 19	
day or		
	///well W/	(Signature)
	Laldi William,	(Signature)
	1 1 N	//
	Jiem Mes	M MO (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Qualicare Medical Center. Inc. (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is sul The above corporation, organized under the laws of the State of Florida with its	
as indicated in the Articles of Incorporation at	
located at the aforesaid address, as its registered agent to accept service of procestate.	SECTION OF STATE PLANSFEE FL. BRIDE

Eddie Wu

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.