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| OFFICE USE ONLY (Document #) | | | |
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| | | | |
| LAZARUS CORPORATE FILING SI | ERVICE, INC. | | |
| (Requestor's Name) | | | |
| 3320 S.W. 87th AVENUE | | | |
| (Address) | E072 | سندر رسي رسان رسان | Care Train Care Care Care Care Care Care Care Care |
| MIAMI, FLORIDA (305)552- (City, State, Zip) (Pho | -3973 one #) | 1000 | 02986 7978 19/14/9901050025 *****78.75 *****78.75 |
| LOCAL REPRESENTATIVE TALLA | ŕ | ,, , , , , , , , , , , , , , , , , | *****78.75 *****78.75 |
| LOCAL RELIGIOUSIATIVE TREES | | OFFICE USE ONLY | |
| corporation name(s) & 1. COHEN MED | OCCUMENT NUM | | NC. |
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| | AMENDA | IENTS | 0F 7 |
| NEW FILINGS | Amendment | | |
| Profit | <u> </u> | D. A. Office /Director | · · |
| NonProfit | | R.A., Officer/Director | |
| . Limited Liability | Change of Regis | | , |
| Domestication | Dissolution/With | drawal | |
| Other | Merger | | ASSI PS |
| | | | |
| OTHER FILNGS | REGISTRATIO | | RECEIVED 99 SEP 14 AM 11: 48 0CFARTMENT OF STATE IVISION OF CORPORATION: TALLAHASSEE, FLORIDA |
| Annual Report | Foreign | The Transplantacides of | AM II AM II E. FLO |
| Fictitious Name | Limited Partners | | |
| Name Reservation | | Sill P | >≅'' α |
| | Reinstatement | | NO |
| | Trademark | | U_{α} |

Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

| ARTICLE I NAME |
|--|
| The name of the corporation shall be: COHEN MEDICAL INSTITUTE, INC. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corneration shall be: |
| The principal place of business and mailing address of this corporation shall be: |
| 2501 S.W. 8th STREET MIAMI, FL 33135 |
| ARTICLE III SHARES |
| The number of shares of stock that this corporation is authorized to have outstanding at any one time is: |
| 100 SHARES |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is: |
| THE MAINE GIR GRAICS OF the million to Section of About 10 |
| TATIANA VALDEZ |

33135

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

| TATIANA | VALDEZ | _2501 S.W8th STRE | ET M | [AMT, FL 33135 |
|--------------|--|------------------------------------|----------------------|--|
| | | | | |
| | | | | |
| | | ARTICLE VI DIREC | CTOR(S) | · |
| | The name(s) and stre Incorporation is (are) | et address(es) of the directo : | (s) to these Article | s of |
| | 2501 S.W. 8th STREET | | MIAMI, FL 33135 | |
| | | | | |
| | | | | |
| | <u>.</u> | | | The second secon |
| | The undersigned inco this day of _ | rporator(s) has (have) exec | uted these Articles | SEP SEP |
| | • | | Gatisia 1 Signs | Valdes . The Bolton |
| | | | Signa | ture |
| | e · | | Signa | ture |
| | s | | mo addrom cro | VICE OF PROCESS FOR |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT