SSMIT AT LE Department of State 700003003887 4 **Division of Corporations** -10/04/39--01072--009 P.O. Box 6327 *****78.75 *****78.75 Tallahassee, FL 32314 ÷ ć I & D Miam. SUBJECT: Inc. (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 A \$78.75 **U**\$78.75 \$\$7.50 **Filing Fee Filing Fee** Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Dr. Iraida Isabel Santana Name (Printed or typed) ယ္လ 16866 NW 73 Terr Address Miami, FL. 33178 City, State & Zip 305-594-8575 Daytime Telephone number Δ Cut DATE 10-7-DOC. EXAM NOTE: Please provide the original and one copy of the articles.

	- <u>-</u>
ARTICLES OF INCORPORATION	
The undersigned incorporator, for the purpose of forming a corpor Business Corporation Act, hereby adopts the following Articles of	Incorporation.
ARTICLE I NAME The name of the corporation shall be:	
I & D MIAMI, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this co	orporation shall be:
1 6 866 NW 73 Terr Miami, FL. 33178	•
ARTICLE III SHARES The number of shares of stock that this corporation is authori	ized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT	
The name and Florida street address of the initial registered a Vivian M. Santana 16866 NW 73 Terr Miami, FL. 33178	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles	of Incorporation are:
Dr. Iraida Isabel Santana, M.D. 1 6 866 NW 73 Terr Miami, FL. 33178	
Smit Dont-tub	9-29-1999
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

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 of registered agent

9-29-9

Signature/Registered Agent

Date