

P23000019919

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CURE DIAGNOSTIC SERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
STATE OF FLORIDA
23 MAR 15 PM 12:37
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614,15

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CURE DIAGNOSTIC SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

900 W 49th ST., STE 330
HIALEAH, FL 33012

Mailing address, if different is:

900 W 49th ST., STE 330
HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER MONTANE DE MESA - P

Name and Title: _____

Address: 900 W 49th ST., STE 330

Address: _____

HIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEXANDER MONTANE DE MESA
 Address: 900 W 49th ST., STE 330
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALEXANDER MONTANE DE MESA
 Address: 900 W 49th ST., STE 330
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place named in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Alexander Montane

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alexander Montane

Required Signature/Incorporator

Date

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 23 MAR 15 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA