

## Florida Department of State

Division of Corporations

P25000009879

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Division of Corporations  
Fax Number : (850)617-6381

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## FLORIDA PROFIT/NON PROFIT CORPORATION

JACKSON MEMORIAL RAPID WOUND CARE INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

JACKSON MEMORIAL RAPID WOUND CARE

**ARTICLE II PRINCIPAL OFFICE:** INC

The principal street address and mailing address is:

8931 NW 16 AVE  
MIAMI, FL 33147

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

SERGIO MACIAS ARMAS (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SERGIO MACIAS ARMAS  
8931 NW 16 AVE  
MIAMI, FL 33147

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

SERGIO MACIAS ARMAS  
8931 NW 16 AVE  
MIAMI, FL 33147

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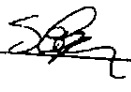
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**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

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.

  
\_\_\_\_\_  
Incorporator \_\_\_\_\_ Date \_\_\_\_\_

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