

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-10/18/02--01031--002
*****78.75 *****78.75

SUBJECT:

OPERMEDIC CORP.

(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
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

STEPHAN R. LOPEZ

Name (Printed or typed)

15640 S.W 106 LANE SUITE 902

Address

MIAMI, FL, 33196

City, State & Zip

305-3839141

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 18 PM 4:06

10-24-02
11

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

OPERMEDIC CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15640 SW 106 LN SUITE 902
MIAMI, FL, 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SUPPLY, EQUIPMENT AND COUNSELING
ALL RELATIVE TO MEDICAL PURPOSE

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

1000 SHARES. ALL OF WHICH SHALL BE COMMON
SHARES AND SHALL HAVE A PAR VALUE OF
ONE (\$1.00)

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

DOMINGO LOPEZ, VICE-PRESIDENT

JOSE VICENTE QUESADA, PRESIDENT

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

STEPHAN RAFAEL LOPEZ
15640 SW 106 LN SUITE 902
MIAMI FLORIDA 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEPHAN RAFAEL LOPEZ
15640 SW 106 LN SUITE 902
MIAMI FL 33196

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.

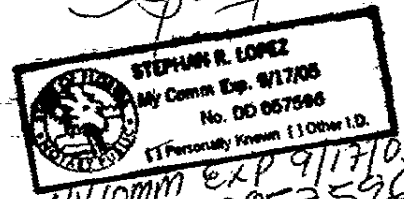
Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 18 PM 4:06



NY 10mm EXP 9/17/05
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