P02000114697

TRANSMITTAL LETTER

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

000008442820--C
-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-

ARTICLES OF INCORPORATION

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

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

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

STEPHAN R. LOPEZ
My Comm Exp. 9/17/05
No. DD 057596
Personally Known Other I.D.

MY COMM EXP 9/17/05
#DD057596

****

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 — Date: 10-14-2002

Signature/Incorporator — Date: 10-14-2002