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ULTIMATE MEDICAL BILLING

3054489146

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.
Account Number : I20030000011
Phone : (305)448-7675
Fax Number : (305)448-9146

FLORIDA PROFIT CORPORATION OR P.A.

J.C.R Marble & Tile of America, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ULTIMATE MEDICAL BILLING 3054489146

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Article of Incorporation.

ARTICLE I- NAME

The name of the Corporation shall be:

J.C.R. MARBLE & TILE OF AMERICA, INC.

ARTICLE II-PRINCIPAL OFFICE

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

750 NE 62 STREET, # 205
MIAMI, FL 33138

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge Abel Rojas
750 NE 62 Street, Apt#205
Miami, Fl 33138

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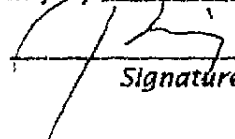
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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JORGE ABEL ROJAS
750 NE 62 Street Apt 205
Miami, FL 33138

The undersigned incorporator has executed these Articles of Incorporation this 16 day of July 2003


Signature

ARTICLE VI- DIRECTOR(S)

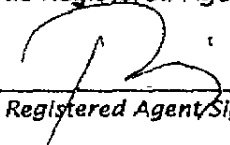
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JORGE Abel Rojas President
750 NE 62 Street Apt 205 Miami, FL 33138

JENY Luisa Munoz Vice President
750 NE 62 Street Apt 205
Miami, FL 33138

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent/Signature

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