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CORPORATION NAME(s) & DOC	CUMENT NUMBER	t(S) (if known):		
1. VISION MED	VAC SERV	MICE INC.		
1. (Corporation Name)	<u> </u>	(Deciment #)		
2. (Corporation Name)		(Document #)		
3.		ං සිරුණි		
(Corporation Name)		(Document #)		
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X Profit	Amendment	and the second s		
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Domestication	Dissolution/Withdraw			
. Other	Merger			
OTHER FUNGS	REGISTRATION/ QUALIFICATION	A I		
Annual Report	Foreign			
Fictitious Name	Limited Partnership			
Name Reservation	Reinstatement			
	Trademark			
	Other	Examiner's Initials		

Examiner's Initials

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 Articles of Incorporation.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

VISION MEDICAL SERVICES INC.

ARTICLE II - PRINCIPAL OFFICE

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

4265 SW. 14St HIAMI F/ 33145

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:

CARLOS E. PAZOS 4265 SW 14St MIAMI Fl 33145

ARTICLE V - INCORPORATOR

Ine name and street address of t	the incorporat	or to th	iese Articles of
Incorporation is: CARLOS E.	PAZOS	,	
4265 SW 14St	MIAMI	Fl	33145
10000	•		

The undersigned incorporator has executed these Articles of Incorporation this <u>OS</u> day of <u>DECEMBER</u> 20.03

DIVISION OF STATIONS
03 DEC -8 AM 6: 49

ARTICLE VI- DIRECTOR(S)

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

CARLOS E. PAZOS 4265 SW 14St MIAMI Fl 33145

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.

Registeren Agent Signature