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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Optimed Medical Group, Inc.
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are 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 of Status
ADDITIONAL COPY REQUIRED

FROM: George T. Ramani
Name (Printed or typed)

1200 Brickell Avenue, Suite 1230
Address

Miami, Florida 33131
City, State & Zip

(305) 381-8811
Daytime Telephone number

georgeramani@ramanilaw.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Optimed Medical Group, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1200 Brickell Avenue
Suite 1230
Miami, Florida 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David A. Pere Maya, President Name and Title: _____
Address: Calle#28, Urbanizacion Las Acacias Address: _____
Edif. Condo. Cañav, Piso 5, Apt. 5A
Valera, Trujillo, Venezuela 3101

Name and Title: David A. Pere Maya, Secretary Name and Title: _____
Address: Calle#28, Urbanizacion Las Acacias Address: _____
Edif. Condo. Cañav, Piso 5, Apt. 5A
Valera, Trujillo, Venezuela 3101

Name and Title: David A. Pere Maya, Director Name and Title: _____
Address: Calle#28, Urbanizacion Las Acacias Address: _____
Edif. Condo. Cañav, Piso 5, Apt. 5A
Valera, Trujillo, Venezuela 3101

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: George T. Ramani
Address: 1200 Brickell Avenue, Ste. 1230
Miami, Florida 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: George T. Ramani
Address: 1200 Brickell Avenue, Ste. 1230
Miami, Florida 33131

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]
Required Signature/Registered Agent

9/28/11
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.

[Signature]
Required Signature/Incorporator

9/28/11
Date