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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION ALLSTAR QUALITY MED CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ALLSTAR QUALITY MED CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3010 NW 36ST, COT 8-226 miami, FL 33142
miami, FL 33142
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE RS:
NELSON E MARTINEZ
SEC SEC
78 AUG
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
RELSON E MARTINEZ
30 10 NW. 36ST, LOT B-226
miami, FL 33/42
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
NELSON E MARTINEZ
3010 NW 365T, LOT B-226
min mi, FL 33142

Required Signatures:

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

Registered Agent 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.

Incorporator

Date

22 AUG 31 AM 7: 5
SECRETARY OF STATE