

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED
01 AUG 17 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. American Association of Legal Medicine
(Corporation Name) (Document #)

2. And Health Corp.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 17 PM 12:24
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300004540173--1
-08/17/01--01041--026
****236.25 *****78.75

7C1A-47178

Examiner's Initials

**ARTICLES OF INCORPORATION
FOR**

American Association of Legal Medicine and Health, Corp

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

AMERICAN ASSOCIATION OF LEGAL MEDICINE AND HEALTH, CORP

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

12550 Biscayne Boulevard # 500 North Miami, Florida 33181

ARTICLE III PURPOSE (S):

The specific purpose(s) for which the corporation is organized is (are):

The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes including, for such purposes, the making of distribution organizations that qualify as exempt organizations under Section 501 c "3" of the Internal Revenue Code. The Corporation will educate and prepare medical professionals in order to resolve the medical litigations through the arbitration process.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

By laws and by minutes.

ARTICLE V INITIAL DIRECTORS/ OFFICERS

MIGUEL MARCOS VERA
MARIA TERESA ALVAREZ
LEXYS MARIO MENDEZ

12550 Biscayne Boulevard #500 North Miami, FL 33181

FILED
01 AUG 17 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS:

LEXYS MARIO MENDEZ

12550 Biscayne Boulevard #500 North Miami, Fl. 33181

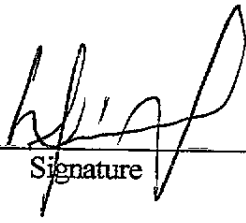
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEXYS MARIO MENDEZ

12550 Biscayne Boulevard #500 North Miami, Fl. 33181

The undersigned incorporator has executed these Articles of Incorporation this 15 day of August 2001.



Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:
(must include suffix)

AMERICAN ASSOCIATION OF LEGAL MEDICINE AND HEALTH CORP

2. The name and address of the registered agent and office is:

LEXYS MARIO MENDEZ

(Name)

12550 Biscayne Boulevard # 500

(P.O.Box or Mail Drop Box NOT acceptable)

North Miami, Florida 33181

(City, State, Zip)

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


(Signature)

8/15/01
(Date)

FILED
01 AUG 17 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA