OFE OSE LY Summer (PRE CORPORATE FILI (Requestor's Name)	NG SERVICE INC			
1000 PONCE DE LEON BLV	D. STE:112			
(Address) CORAL GABLES, FLORIDA	33134			
(City, State, Zip)		SEC SEC		
	i)444-4977	office use only	CRE HAY	i
(Phone#) (FAX			ARY ARY VSSE	piùr
CORPORATION NAME(S) & 1	DOCUMENT NUM	BER(S) (if known):		3
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(Corporation Name)	~	(Document #)	<u> </u>	
2. (Corporation Name)		(Document #)	-	-
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(Corporation Name)		(Document #)		
4. (Corporation Name)		(Document #)		
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NEW FILINGS	AMENDM	ENTS	DAYS	
X Profit	Amendment			
NonProfit Resignation of R.A., Officer/Director		A Officer/Director		
Limited Liability Change of Registered Agent		-		
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ARTICLES OF INCORPORATION FOR SOL MED INC.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SOL MED INC.

ARTICLE II PRINCIPAL OFFICE

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

1001 NORTH 13th AVE. HOLLYWOOD, FL 33019

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100 @ \$1.00

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

CESAR A. CALVAR 1001 NORTH 13th AVE. HOLLYWOOD, FL 33019

ARTICLE V INCORPORATOR

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

CESAR A. CALVAR 1001 NORTH 13th AVE. HOLLYWOOD, FL 33019 Signature of Incorporator

5-3-00 Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

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

CESAR A. CALVAR (P/VP/S/T/D) 1001 NORTH 13th AVE. HOLLYWOOD, FL 33019

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, I hereby accept the appointment as registered agent an 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 of Registered Agent

Date