

BANKING

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EXPRESS CORPORATE FILING SERVICE INC
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112
(Address)

CORAL GABLES, FLORIDA 33134
(City, State, Zip)

(305) 444-4994 (305) 444-4977
(Phone#) (FAX#)

OFFICE USE ONLY

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

1. Seven Eleven Medical, INC. _____
(Corporation Name) (Document #)
2. _____
(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

FILED
 00 JUL 19 PM 12:57
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA 32304
RECEIVED
 00 JUL 19 AM 10:01
 DEPARTMENT OF STATE

| 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 |

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 -07/19/00--01024--014
 *****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION
FOR

SEVEN ELEVEN MEDICAL, INC.

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

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLE I. NAME

The name of the corporation shall be:

SEVEN ELEVEN MEDICAL, INC.

ARTICLE II. PRINCIPAL OFFICE

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

711 NW 23 Avenue Suite # 205
Miami, Fl. 33125

ARTICLE III. SHARES

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

Five Hundreds (500) shares, common stock at a par value of Two dollars (\$2.00) per share.

ARTICLE IV. REGISTERED AGENT

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

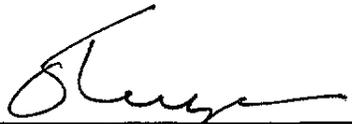
OPHELIA TUYA
4275 NW 11 Street Apt. 102
Miami, Fl. 33126

ARTICLE V. INCORPORATOR

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

OPHELIA TUYA
4275 NW 11 Street #102
Miami, Fl. 33126

DANIEL DIAZ
6450 Arthur Street
Hollywood, Fl. 33024



Signature of Incorporator

07-17-00

Date

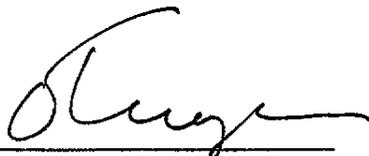
ARTICLE VI DIRECTOR(S)/OFFICER(S)

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

OPHELIA TUYA D/P/T
4275 NW 11 St. #102
Miami, Fl. 33024

DANIEL DIAZ D/S
6450 Arthur St
Hollywood, Fl. 33024

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 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 of Registered Agent

07-17-00

Date

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