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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

## ULTIMATE MEDICAL SYSTEMS CORP.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION  
OF

ULTIMATE MEDICAL SYSTEMS CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ULTIMATE MEDICAL SYSTEMS CORP.

The principal place of business of this corporation shall be:

5521 NW 112 AVENUE UNIT 110  
MIAMI, FLORIDA 33178

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MIGUEL MACHUCA JR.  
8864 NW 110 STREET  
HIALEAH GARDENS, FL 33018

DIRECTOR

ORESTES HERNANDEZ  
8864 NW 110 STREET  
HIALEAH GARDENS, FL 33018

DIRECTOR

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

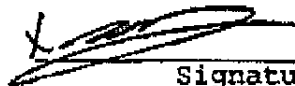
MIGUEL MACHUCA JR.  
8864 NW 110 STREET  
HIALEAH GARDENS, FL 33018

PRESIDENT (50 SHARES)

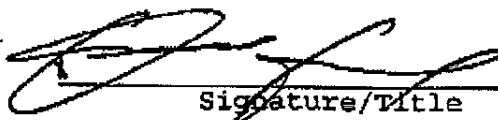
ORESTES HERNANDEZ  
8864 NW 110 STREET  
HIALEAH GARDENS, FL 33018

VICE PRESIDENT (50 SHARES)

The undersigned has(have) executed these Article of Incorporation this 14th DAY OF SEPTEMBER, 2000.



Signature/Title



Signature/Title

Signature/Title

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 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:\_\_\_\_\_

\_\_\_\_\_  
ULTIMATE MEDICAL SYSTEMS CORP.

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

is \_\_\_\_\_  
MIGUEL MACHUCA JR.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
8864 NW 110 STREET

\_\_\_\_\_  
(P. O. BOX NOT ACCEPTABLE)

\_\_\_\_\_  
HIALEAH GARDENS, FL 33018

\_\_\_\_\_  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_  


DATE SEPTEMBER 14, 2000 \_\_\_\_\_

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