

TRANSMITTAL LETTER

P01000025235

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: VETON MEDICAL SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: EDUARDO MENDOZA
Name (Printed or typed)

2441 SW 37 AVE
Address

MIAMI, FL, 33145
City, State & Zip

(305) 446-3131
Daytime Telephone number

FILED
01 MAR 12 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500003830395--9
-03/12/01--01001--024
*****70.00 *****70.00

NOTE: Please provide the original and one copy of the articles.

W01-3323



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 2001

EDUARDO MENDOZA
2441 SW 37 AVE
MIAMI, FL 33145

SUBJECT: VETON MEDICAL SERVICES, INC.
Ref. Number: W01000003323

We have received your document for VETON MEDICAL SERVICES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 487-6924.

Kimberly Rolfe
Corporate Specialist Supervisor

Letter Number: 701A00008719

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

VETON MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2441 SW 37 AVE, MIAMI, FL, 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EDUARDO MENDOZA

2441 SW 37 AVE, MIAMI, FL 33145

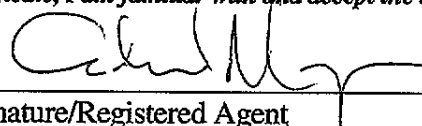
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

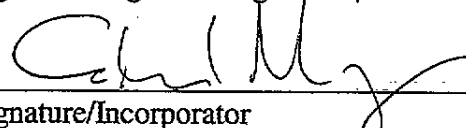
EDUARDO MENDOZA

2441 SW 37 AVE, MIAMI, FL 33145

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


Signature/Registered Agent

2-8-01
Date


Signature/Incorporator

2-8-01
Date