## TRANSMITTAL LETTER Department of State Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

1411411435CC, 11. 323	17	
SUBJECT:	JEM MEO  (PROPOSED CORPORAT	TE NAME - MUST INCLUDE SUFFIX)
Enclosed is an origin	al and one(1) copy of the orticle	200040337329 -04/19/0101105006 *****78.75 *****78.75 es of incorporation and a check for:
The respect to the outline		es of meorpotation and a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$\begin{align*} \Pi \\$87.50 \\ \text{Filing Fee} & \text{Filing Fee,} \\ & \text{Certified Copy} & \text{Certificate of Status} \\ \text{ADDITIONAL COPY REQUIRED} \end{align*}
FROM:		FONSO inted or typed)
	7866 W 3	ALANE, UNIT 201
Hialeah, FL, 33018  City, State & Zip  Exp. 0		
<b>'</b> .	(305) 502-	

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

## 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: GEM MEDICAL, INC. · PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 7866 WEST 34 LANE, UNIT 26 HIALEAH, FL, 330 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: MEDICAL SERVICES ARTICLE IV SHARES The number of shares of stock is: NONE PER VALUE ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): CELIA ALFONSO 7866 W 34LN UNT 201 PAFAEL MENDOZA 6785 SW 4055 HALEAH FL, 33018 REGISTERED AGENT The name and Florida street address of the registered agent is: CELIA ALFONSO 7866 W 34 LN, UNIT 201 141Aleah, FL, 33018 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CELIA ALFONSO 7866 W 34 LN, UNIT 201 Hickeh, FL, 33018 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