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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMB 1. MEDICIAA SIN FRO (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. Pick up time 200 Mail out Will wait Photocopy	(Document #) (Document #)
NEW FILINGS Profit NonProfit Limited Liability Domestication Other AMENDM Amendment Resignation of Change of Regis Dissolution/With Merger	R.A., Officer/Director

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Medicina Sin Fronteras, corp.

ARTICLE II - PRINCIPAL OFFICE

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

4192 W 12 Ave. HIA/QAH FL 33012

<u>ARTICLE III -SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO L MIRABAI 174 E. 12 St HALEAH EL 33010

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
PEDRO L MIRABAI
174 E. 12 St HiAleAH FL 33010
The undersigned incorporator has executed these Articles of Incorporation this \(\sqrt{Q} \) day of \(\sqrt{Q} \) Signature

ARTICLE VI- DIRECTOR(S)

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

PEDRO L MIRABAI PRESIDENT 144E, 12 ST Higheah FL 33010

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Régistèred Agent Signature