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FILED

01 OCT 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

100004656971--0
-10/29/01--01054--007
*****78.75 *****78.75

SUBJECT: AMERICARD MEDICAL, 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: RAMON REYES
Name (Printed or typed)
5035 PALM AVE.
Address
HIALEAH, FL. 33012
City, State & Zip
(305)822-0669
Daytime Telephone number

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

C. BLALOCK OCT 30 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AMERICARD MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

320 S. FLAMINGO RD. # 165 PEMBOKE PINES, FL. 33027

ARTICLE III SHARES

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

1,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PATRICIA E. PICCO 491 RACQUET CLUB RD. #110
WESTON FL. 33324

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT/ PATRICIA E. PICCO 491 RACQUET CLUB RD. #110
SECRETARY WESTON, FL. 33324

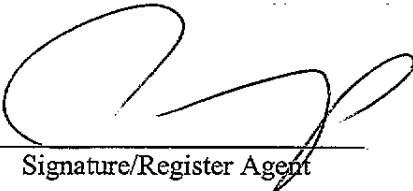


Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated 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/Register Agent

Date

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