

OFFICE USE ONLY DOCUMENT #

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ATLANTIC MED CORP, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

100004715731--7
-12/10/01--01011--026
*****78.75 *****78.75

Examiner's Initials

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:

Atlantic MedCorp, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**10 NW Le Jeune Road, Suite 300E
Miami, FL 33126**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: **100 shares at \$1 par value**

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es), titles: **Jose Riera
10 NW Le Jeune Road, Suite 300E
Miami, FL 33126
Director**

ARTICLE VI REGISTERED AGENT

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

**Jose Riera
10 NW Lejeune Road
Suite 300E
Miami FL 33126**

FILED
01 DEC 10 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

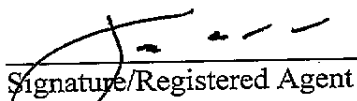
ARTICLE VII

INCORPORATOR

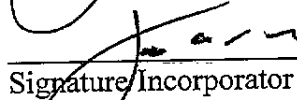
The name and address of the incorporator is:

Jose Riera
10 NW Le Jeune Road
Suite 300E
Miami, FL 33126

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

12/6/01
Date


Signature/Incorporator

12/6/01
Date

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TALLAHASSEE FLORIDA