

TRANSMITTAL LETTER

PO2000036348

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

000004947560--1
-02/18/02--01040--020
*****78.75 *****78.75

SUBJECT: MARTIN MEDICAL SERVICES
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARTIN MEDICAL SERVICES
Name (Printed or typed)

P.O. Box 171705
Address

Hialeah, FL 33017
City, State & Zip

(305) 331-8698
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR -2 PM 1:27

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

BR 4/3



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 20, 2002

MARTIN MEDICAL SERVICES
P.O. BOX 171705
HIALEAH, FL 33017

SUBJECT: MARTIN MEDICAL SERVICES
Ref. Number: W02000004984

We have received your document for MARTIN MEDICAL SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 402A00010524

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MARTIN MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 171705
Hialeah, FL 33017

ARTICLE III SHARES

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

100 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARLEN I. RIOS
7603 NW 167 ST
Hialeah, FL 33015

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MARLEN I. RIOS, PRESIDENT
7603 NW 167 ST
HIALEAH, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of JANUARY, 2002.

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



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is MARTIN MEDICAL SERVICES, INC.

2. The name and address of the registered agent and office is:

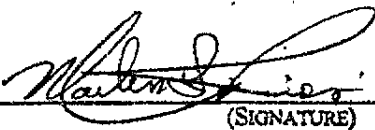
MARLEN I. RIOS
(NAME)

7603 NW 167 ST
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

HALEAH, FL 33015
(CITY/STATE/ZIP)

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TALLAHASSEE
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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)

02/13/02
(DATE)