OFFICE US 3320 S.W. 87 AVENUE 500005359015--9 MIAMI, FLORIDA (305)552-5973 <u>TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)</u> OFFICE USE OBLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Hamo) (Document #) (Comoration Name) (Document #) Pickup time 2,06 Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENUMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FUNGS REGISTRATION OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

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:

JENYSAM MEDICAL SERVICE, INC



ARTICLE II - PRINCIPAL OFFICE

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

215 SW 17 AVE suite 303 MIAMI FL 33135

ARTICLE III -SHARES

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

1000 share of \$1.00 dolares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YELENE SANCHEZ

4510 SW 4 st MIAMI FL 33134

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

YELENE SANCHEZ 4510 SW 4 st MIAMI FL 33134

ARTICLE VI- DIRECTOR(S)

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

YELENE SANCHEZ 4510 SW 4 st MIAMI FL 33134

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 according the appointment as Registered Agent and agree to act in this capacity. I furtile 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.

Registered Agent Signature