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To: Division of Corporations  
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From: Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305)358-2571  
Fax Number : (305)358-7832

FLORIDA PROFIT CORPORATION OR P.A.

MAYOR MEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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**H02-145442**

**Articles of Incorporation**

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Article 1: Name of Corporation: **MAYOR MEDICAL SERVICES, INC.**

Address of Corporation: **8526 NW 70<sup>TH</sup> ST.  
MIAMI, FLORIDA 33166**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **IVONNE MAYOR**

REGISTERED OFFICE: **15076 SW 62 ST.  
MIAMI, FLORIDA 33193**

\*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1.
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**DOLORES PAGES  
8526 NW 70<sup>TH</sup> ST.  
MIAMI, FLORIDA 33166**

In witness whereof, I have subscribed my name:



Signature of Incorporator

**H02-145442**