

PD20000064751

TRANSMITTAL LETTER

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

500005729065--7  
-06/10/02--01072--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Diaz Medical Service, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Carlos Diaz  
Name (Printed or typed)

5422 NW 79 Ave  
Address

Miami, FL 33166  
City, State & Zip

305-389-6022  
Daytime Telephone number

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

FILED  
02 JUN 10 AM 9:33  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Bm 6/12

# ARTICLES OF INCORPORATION

of

## DIAZ MEDICAL SERVICE, INC.

*The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 and/or Chapter 621 of the Florida Statutes.*

### ARTICLE I NAME

The name of the Corporation shall be:

## DIAZ MEDICAL SERVICE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**5422 NW 79 AVE  
MIAMI, FL. 33166**

### ARTICLE III PURPOSE

The purpose for which the Corporation is organized is:

**This Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida**

### ARTICLE IV SHARES

The number of shares of stock is:

**100 Shares**

-cont-

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02 JUN 10 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

-cont-

ARTICLE V INITIAL OFFICERS/DIRECTORS

The officers of the Corporation shall be:

<b>President:</b>	<b>CARLOS DIAZ</b>	<b>5422 NW 79 AVE MIAMI, FL. 33166</b>
<b>Secretary:</b>	<b>CARLOS DIAZ</b>	<b>5422 NW 79 AVE MIAMI, FL. 33166</b>

ARTICLE VI REGISTERED AGENT

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

**CARLOS DIAZ  
5422 NW 79 AVE  
MIAMI, FL. 33166**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

**CARLOS DIAZ  
5422 NW 79 AVE  
MIAMI, FL. 33166**

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TALLAHASSEE, FLORIDA

\*\*\*\*\*  
*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.*

*Carlos Diaz*  
Signature/Registered Agent Date

6-7-02  
Date

*Carlos Diaz*  
Signature/Incorporator Date

6-7-02  
Date