OFFICE US 3320 S.W. 87 AVENUE MIAMI, FLURUDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Compression Name) (Document #) (Corporation Name) Pick up time 2.66 Certified Copy Certificate of Status Photocopy Mail out Will wait AMENIMIENTS NEW TILINGS Amendment Prollt Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Umited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FUNCS QUALIFICATION Annual Report Foreign Fictitious Name Umited Par(nership Name Reservation Reinstatenjent Trademark Examiner's initials Other

ARTICLES OF INCORPORATION

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

<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

Ess Medical Services

ARTICLE II - PRINCIPAL OFFICE

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

7923 nw 190 terr. Miami Fl. 33015

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Suzetle Laurent 7923 nw. 190 terr. Miami Pl 33015

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Suze He faurent. 7923nw. 190 terr. Miami A. 33015	
The undersigned incorporator has executed these Articles of Incorporation this day of 20	
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): Suze He Jaurent. 7923 nw. 190 ferr. Miami R. 33016.	-
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 accept the appointment as Registered Agent and agree to act in this capacity. I further 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