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SECRETALIT OF STATE TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)
LAZARUS CORPORATE FILING SERVICE
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MIAMI, FLORIDA (305)552-5973
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
1. Cuban Veterinary Medical Association. In Exile, Inc.	٤
2	_
3. Cross Reference. Colegio Medicos (Corporation Name)	
4. Veterinarios Cubanos en el Exilia, acióc. (Corporation Name)	
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	10. 8 2000 2 0	NEW FILINGS
•	X	Profit
	/	NonProfit
	•	Limited Liability
		Domestication
l		Other

1917 5880	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

900	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

Char Service Service Service	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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ARTICLES OF INCORPORATION

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SECRETARIES STATE
The undersigned Incorporator(s), for the purpose of formingTallAHASSEE, FLORIDA
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:

Cuban VETERINARY MEDICAL ASSOCIATION IN EXTLE, INC.

ARTICLE II - PRINCIPAL OFFICE

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

P. 0 BOX 558613 Miami FL 33155

ARTICLE III -SHARES

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

200

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR JOSE R. CRUZ 5660 SW 130 Ave MIAMI FL 33183

ARTICLE V - INCORPORATOR

DR RUFIND R. LORENZO 9487 SW 76 ST apto M7 MIAMI FL 33173

The undersigned incorporator has executed these Articles of Incorporation this 24 day of 500, 2002

Incorporation is:

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

Signodure Signodure	
ARTICLE VI- DIRECTOR(S)	
The name(s) and street address(es) of the director(s) to these Articles Incorporation is (are):	of
DR. JOAQUITI AGRAMONTE MOINA (DR Rufino R. LORENZO (T. 5
DR Jose R. CRUZ	1
P. O. Box	
558613 MIAMI FL 33165 CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE	
Having been named as Registered Agent and to accept service of process for 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 furt	ept
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	