

PO2000118024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

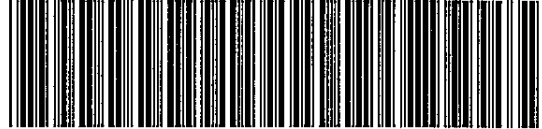
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF STATE
CORPORATIONS
02 NOV - 1 PM 1:03

NOV 04 2002

TRANSMITTAL LETTER

Date: 10/28/02

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

SUBJECT: KING BUDA MEDICAL SERVICES, INC

Enclosed are the original and one (1) copy of the articles of incorporation and a check for \$78.75.

FROM:

Name: KING BUDA MEDICAL SERVICES, INC

Address: 4906 SW 5 TERR

City: MIAMI

State: FL

Zip: 33134

Telephone: (305) 541-4466

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

KING BUDA MEDICAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

4906 SW 5 TERR. MIAMI, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Under the Laws of the United States and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s)

President: LEANDRO NUNEZ

4906 SW 5 TERR

MIAMI, FL 33134

Vice President: EDWARD CORDON

4408 NW 185 ST.

MIAMI, FL 33055

ARTICLE VI REGISTERED AGENT

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

LEANDRO NUNEZ

4906 SW 5 TERR.

MIAMI, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

LEANDRO NUNEZ

4906 SW 5 TERR

MIAMI, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date: 10/28/02

Signature/Incorporator

Date: 10/28/02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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