

P02000124204

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

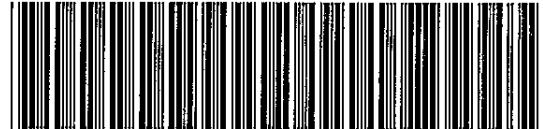
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL WORLD MEDICAL SOLUTIONS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2-00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a 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:

ALL WORLD MEDICAL SOLUTIONS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

6960 SW 75 AVE
MIAMI, FL 33143

ARTICLE III - SHARES

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

ONE HUNDRED SHARES AT \$1.00 PER VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:


WILLIAM D. RODRIGUEZ
6960 SW 75 AVE
MIAMI, FL 33143

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

WILLIAM D. RODRIGUEZ
6960 SW 75 AVE
MIAMI, FL 33143

The undersigned incorporator has executed these Articles of incorporation this 19 day of NOVEMBER, 2002.

(2) 
Signature
WILLIAM D. RODRIGUEZ

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

| | | |
|-----------------------|---|------|
| PRESIDENT | WILLIAM D. RODRIGUEZ 6960 SW 75 AVE MIAMI, FL 33143 | 50 % |
| VICE-PRESIDENT | WILLIAM D. RODRIGUEZ JR. | |
| TREASURER | 6960 SW 75 AVE MIAMI, FL 33143 | 25 % |
| SECRETARY | ELIZABETH RODRIGUEZ 6960 SW 75 AVE MIAMI, FL 33143 | 25 % |

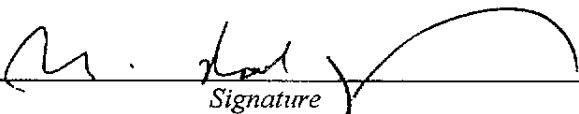
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.


Signature
WILLIAM D. RODRIGUEZ

*Witness my hand and official seal at Hialeah, Dade county, Florida, this 19 days of
NOVEMBER, 2002.*


Notary Public, State of Florida

My Commission Expires:



Cristina C. Toral
Commission # DD 051480
Expires Sep. 30, 2005
Bonded Thru
Atlantic Bonding Co., Inc.