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CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S) (if known):
1. J. L.M. MEDICAL	SERVICES INC.
1. D, LIVI. VICUICTIL	(Document #)
2. (Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
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, NEW FILINGS	AMENDMENTS
	endment
	gnation of R.A., Officer/Director
. Limited Liability Cha	nge of Registered Agent
Domestication Diss	olution/Withdrawal
Other Mer	ger
_	
	EGISTRATION/ ALIFICATION
Annual Report For	eign
Fictitious Name Lim	ited Partnership
Name Reservation Rein	nstatement
Tra	demark

Other

Examiner's Initials

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:

J.L.M. MEDical Services Inc.

ARTICLE II - PRINCIPAL OFFICE

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

95 N.W. 47 AVe. Miame, Fl. 33126

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:

JOSE A. Broch e 2247 S.W. 68 ct. Miami, Fl. 33155 FILED

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SECRETARY OF STATE

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles	s of
Incorporation is:	
JOSE A. Broche	
2247 Sul 68eT	O2
The undersigned incorporator has executed these Articles of Incorporation this 20 day of 1804 795 2007	
The undersigned incorporator has executed these Articles of	題の町
Incorporation this LD day of PCF 797 2002	- 紹和 二
× 11	
Signature	
	: 2
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ARTICLE VI- DIRECTOR(S)

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

JOSE A. Broche (P) 2247 sul 68ct Unani F1.33155

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 dyties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature