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SECRETARY OF STATE

96,

TRANSMITTAL LETTER

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 Palialinica Cusa - Soco mes (Proposed corporate name - naust include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: SF\$78.75 **\$70.00** ☐ \$87.50 CI \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of **Status** ADDITIONAL COPY REQUIRED FROM: _ 2324 Sw. 80T Mirani FL 33/35
City, State & Zip 305. 9917695

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles or Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

POLICLINICO CASA - SOCORRO CORP

ARTICLE II: PRINCIPAL OFFICE

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

2324 SW 8 ST MIAMI, FL 33135

ARTICLE III: SHARES

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

100 SHARES

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET

The name and Florida street address of the initial registered agent are:

SERGIO MULEN 2324 SW 8 ST MIAMI, FL 33135

<u>ARTICLE V : INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation age

SERGIO MULEN (PRESIDENT)

2324 SW 8 ST MIAMI, FL 33135

Signature/Incorporator

05/30/2003

URBANO G. MARTINEZ IY COMMISSION # DD 067055

EXPIRES: January 14, 2000

URBANO G, MARTINEZ

MY COMMISSION # DD 067058 EXPIRES: January 14, 2008 Bonded Thru Budget Notary Services

Date

(An additional article must be added if an effective date is requested).

Having been named as registered agent and to accept service of process for the above stated corporation at the place, certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am family

obligations of my position as registered agent.

Date

05/30/2003

Signature/Registered Agent