Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.

Account Number : I20030000011 : (305)448-7675

Fax Number

: (305)448-9146

FLORIDA PROFIT CORPORATION OR P.A.

G & C COMMERCIAL PAINTING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

6/23/2003

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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 Article of Incorporation.

ARTICLE 1- NAME

G & C COMMERCIAL PAINTING, INC.

ARTICLE II-PRINCIPAL OFFICE

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

1339 NW 102 STREET MIAMI, FL 33147

SECRETARY OF STATE

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:

FRANCIS TELLEZ 1339 NW 102 STREET MIAMI, FL 33147

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ARTICLE V - INCORPORATOR

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

FRANCIS TELLEZ 1339 NW 102 Street Miami, FL 33147

The undersigned incorporator has executed these Articles of Incorporation this 22_ day of _

ARTICLE VI- DIRECTOR(S)

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

FRANCIS TELLEZ 1339 NW 102 Street M1ami, FL 33147

PRESIDENT

GUSTAVO GARCIA 1339 NW 102 Street Miami, FL 33147

VICE PRESIDENT

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 garee 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

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