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(Requestor's Name)				
				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates of Status			
				
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TRANSMITTAL LETTER

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

SUBJECT: OCN	Medical Serv (Proposed corp	rices, Corp. orate name - must in	nclude suffix)	
Enclosed are a incorporation			f the articles o	
\$ 70.00 Filing Fee	X_\$ 78.75 Filing Fee & Certificate	\$ 122.50 Filing Fee & Certificate Copy	\$131.25 Filing Fee, Certificate Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM		ejo me (Printed or typed)		
	7860 W	/est 4 th Lane Address		
		eah, Fl 33014 y, State and ZIP		
		328-3292 ytime 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 of Incorporation.

ARTICLE I Name

The name of the entity to be incorporated shall be:

OCN Medical Services, Corp.

ARTICLE II Principal Office

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

7860 West 4th Lane Hialeah, FL 33014

ARTICLE III Shares

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

100 Shares at \$ 5.00 each

ARTICLE IV Initial Registered Agent and Street Address
The name and Florida street address of the initial registered agent are:

Osvaldo Camejo 7860 West 4th Lane Hialeah, FL 33014

ARTICLE V Incorporator

The name and address of the incorporator of these Articles of Incorporation are:

Osvaldo Camejo 7860 West 4th Lane Hialeah, FL 33014 President 50 Shares

ARTICLE VI Effective Date

The effective date of starting business for this corporation shall be:

October 1st, 2003

Signature/Incorporator Osvaldo Camejo Data.

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating 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/Registered Agent

Osvaldo Camejo