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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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**FLORIDA PROFIT CORPORATION OR P.A.**

**MED-ZONE CENTER, INC.**

Certificate of Status	0
Certified Copy	1
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CERTIFICATE OF INCORPORATION  
OF  
MED-ZONE CENTER, INC.

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: MED-ZONE CENTER, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be to have all powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of one hundred (100) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than one thousand (\$1,000.00) Dollars.

5. The principal office of this corporation shall be at 11899 S.W. 5 Street, Miami, Florida 33184.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. MADELYN RODRIGUEZ	President	11899 S.W. 5 Street Miami, Florida 33184

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than one thousand (\$1,000.00) Dollars are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. MADELYN RODRIGUEZ	100	\$1,000.00

8. MADELYN RODRIGUEZ, whose address is 11899 S.W. 5 Street, Miami, Florida 33184, is hereby designated as the Registered Agent for the corporation.

This Document prepared by:  
 Daniel M. Keil, P.A.  
 3165 West 4th Avenue  
 Hialeah, Florida 33012  
 Telephone No. (305) 883-6600  
 Florida Bar No. 181663

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 7 day of November, 2003, for the uses and purposes aforesaid.

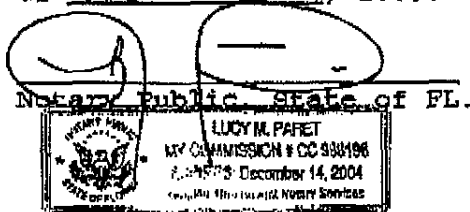
*Madelyn Rodriguez*  
MADELYN RODRIGUEZ

STATE OF FLORIDA    )  
                              )    SS.  
COUNTY OF DADE     )

BEFORE ME, the undersigned authority, personally appeared MADELYN RODRIGUEZ, Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 7 day of Nov, 2003.

My Commission Expires:



CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following is submitted:

MED-ZONE CENTER, INC.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has named MADELYN RODRIGUEZ, located at 11899 S.W. 5 Street, Miami, Florida 33184, as its Agent to accept service of process within Florida.

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

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*Madelyn Rodriguez*  
MADELYN RODRIGUEZ, President  
DATE 11-7-03

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

*Madelyn Rodriguez*  
MADELYN RODRIGUEZ  
REGISTERED AGENT  
DATE 11-7-03

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