

P03000153463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

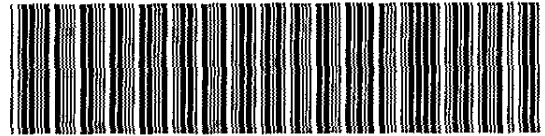
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 DEC 18 AM 7:42

RECEIVED
03 DEC 18 PM 12:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12/19/03 ✓

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDICAL SOLUTIONS CONSULTANTS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

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

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ARTICLE 1 – NAME

The name of the corporation shall be: Medical Solutions Consultants, Inc.

ARTICLE 2 – DURATION

The duration of the corporation shall be: 20 years.

ARTICLE 3 – PURPOSE

The corporation may transact any and all lawful business for which corporation may incorporate under the Florida General Corporations Act.

ARTICLE 4 – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 8218 NW 14 St, Miami, Fl. 33126.

ARTICLE 5 – SHARES

The aggregate number of shares, which the corporation has authority to issue, is 100 all of which shall be common shares with a par value of five dollars.

ARTICLE 6 – REGISTERED OFFICE

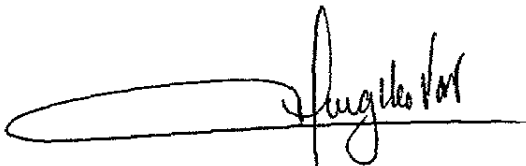
The street address of the initial Registered Office of the Corporation is: 8218 NW 14 St., Miami, Fl. 33126, and the name of the initial Registered Agent at such address is Virgilio Valor.

ARTICLE 7 – DIRECTORS - INCORPORATOR

A Board of Directors consisting of a minimum of one director and a maximum of three directors shall manage the business of the corporation. The name and street address of the director to these Articles of Incorporation is: Virgilio Valor, President, 500 Bay view Drive, Apto.418, Sunny Isle, Fl. 33160.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/
REGISTERED OFFICE.

Having been named as Registered Agent and to accept services of process for the above state 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 statute 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.

A handwritten signature in dark ink, appearing to read "Virgilio Valor", written over a horizontal line.

Registered Agent Signature./Incorporator

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