

P0400007524

Florida Department of State
Division of Corporations
Electronic Filing System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000004625 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN -8 AM 9:27

FLORIDA PROFIT CORPORATION OR P.A.

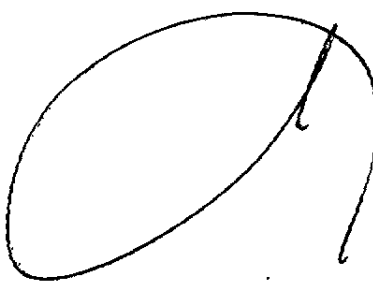
EXELMAR MEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

 1/12/04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN - 8 AM 9:27

ARTICLES OF INCORPORATION
OF
EXELMAR MEDICAL SERVICES, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

EXELMAR MEDICAL SERVICES, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

4167 WEST 9 LANE, HIALEAH, FLORIDA, 33012

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS.

1000 SHARES AT \$1.00 EACH

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE)

MARIO MENA PRESIDENT/TREASURER

**4167 WEST 9 LANE
HIALEAH, FLA. 33012**

EDSEL D. RIVERA SECRETARY

**6428 NW 199 TERRACE
HIALEAH, FLA. 33015**

ARTICLES VI INCORPORATOR(S)

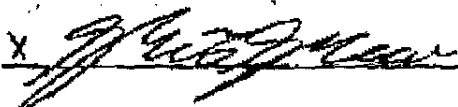

**THE NAME(S) AND STREET ADDRESS(ES) OF THE
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATOR**

**MARIO MENA
4167 WEST 9 LANE
HIALEAH, FLA, 33012**

**EDSEL D. RIVERA
6428 NW 199 TERRA
HIALEAH, FLA.33015**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS: 7TH. DAY OF JANUARY. OF THE YEAR 2004**

SIGNATURE(S) OF INCORPORATOR(S)

x 


CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA
THE NAME OF THE CORPORATION:

EXELMAR MEDICAL SERVICES, INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:

MARIO MENA
4167 WEST 9 LANE
HIALEAH, FLA. 33012

SIGNATURE: 

TITLE PRESIDENT/TREASURER

DATE: JANUARY 7TH, 2004

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, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION
607.325, FLORIDA STATUTES

SIGNATURE: 

DATE JANUARY 7TH, 2004

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN - 8 AM 9: 27