# 00059 Division Florida Department of State

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To:

Division of Corporations

: (850)205-0381 Fax Number

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone Fax Number : (305)716-0346

### FLORIDA PROFIT CORPORATION OR P.A.

#### COURTESY MEDICAL GROUP INC.

Certificate of Status	0
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#### ARTICLE OF INCORPORATION

<u>of</u>

COURTESY MEDICAL GROUP INC.

ALCANASSEE FIELD

The undersigned incorporator(s), for the purpose of forming and 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: COURTESY MEDICAL CROUP INC.

The principal place of business of this corporation shall be:

1175 NE. 125 TH.ST. SUITE # 211 NORTH MIAMI, FL. 33165

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times \$ 10.00 - \$ 1,000.00$ 

#### 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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

JESUS RUA 10271 NW. 125 TH. SUITE HIALEAH GARDERS, FL. 33018 DIRECTOR

#### ARTICLE VI INCORPORATOR (S)

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

JESUS RUA 10271 NW. 125 TH. PRESIDENT. SECRETARY & TREASURER

100 shares

HIALEAN GARDENS, FL. 33018

The undersigned has (have) executed these Article of Incorporation this 5 th. day of April , 2004.

Signature/Title

Signature/Title

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: COURTESY MEDICAL GROUP INC. The name and address of the registered agent and office **JESUS** (Name) 10271 NW. 125 TH. (P. O. BOX NOT ACCEPTABLE) HIALEAH GARDENS, FL. 33018 (CITY/STATE/ZIP) HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT. SIGNATURE 4-5-04 DATE

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