

P040000074440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

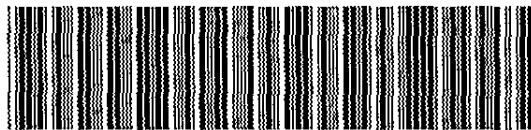
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800035324808

05/04/04--01038--004 **78.75

RECEIVED
04 MAY -4 AM 10:54
DIVISION OF CORPORATIONS

FILED
2004 MAY -6 P 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~10/12/04~~
AS

[Handwritten signature]

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. GLOMACH MEDIC, 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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED
04 MAY -6 PM 3:56
DIVISION OF CORPORATION

May 5, 2004

LAZARUS

SUBJECT: GLOMACH MEDIC, INC.
Ref. Number: W04000017231

We have received your document for GLOMACH MEDIC, INC.. However, the document has not been filed and is being returned for the following:

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 004A00030584

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

GLOMACH MEDIC , INC.

ARTICLE II: PRINCIPAL OFFICE

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

7301 SW , 97 AVE.
Miami, Florida, 33173

ARTICLE III : SHARES

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

100 Shares Common Stock, No Par Value

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson I. Diaz
7301 SW. 97 Ave.
Miami, FL 33173

2009 MAY -6 P 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE V: INCORPORATOR(S)

See instructions for officers/directors


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is

Nelson I. Diaz

7301 SW 97 Avenue
Miami, FL 33173

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

22nd. day of March, 2004



Nelson I. Diaz

ARTICLE VI: OFFICERS/DIRECTORS

Juan G. Chunga Chunga
President, Secretary
and Treasurer

7301 SW 97 Ave..
Miami, FL 33173

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 : **GLOMACH MEDIC, Inc.**

The name and address of the registered agent and office is:

Nelson I. Diaz
(Name)

7301 SW. 97 Ave
(Address)

Miami, FL 33173
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY -6 P 3:53

FILED

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 positions as registered agent.



Signature

Date : 03- 22 2004