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04 JUL 27 FN 2:

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Triple A	Medical, Inc.	ATE NAME – <u>MUST INCL</u>	HISE SUFFIX		
	(I ROI OSED CORI ORA	NE NAME - MOST INCE	<u>QDS GOLFAS</u>		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:	7	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee, & Certified Copy			
FROM: Bio	hard Perez				
	Name	e (Printed or typed)			
	144 NE 1 Street, Suite 96			C 70	SIANG
		Address		04 JUL 27 PN 2:	ાંગું કહ્યું જોડાયું
<u>!</u>	Miami, FL 33132			7 P	
	City	, State & Zip	ı	<u>ب</u> ب	
<u>.</u>	559-751-2387		-	-	
	Daytime	Telephone number			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Triple A Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 144 NE 1 Street, Suite 96 Miami, FL

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Any and all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s): Richard Perez, President 144 NE 1 Street, Suite 96 Miami, FL 33132

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Richard Perez 144 NE 1 Street, Suite 96 Miami, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Perez 144 NE 1 Street, Suite 96 Miami, FL 33132

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

July 23, 2004

Date

July 23, 2004

Date