

P04000116986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

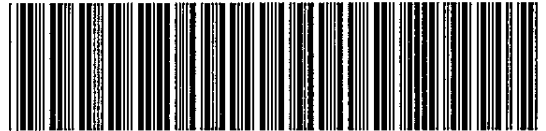
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 AUG 11 AM 10:30
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11/11/04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Biomed Medical INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

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☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

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:

BIOMED Medical INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*815 W. 44 St #201
Hialeah Fl. 33012*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*URBANO Ramon ORELLANA-MAYA (President)
815 W. 44 St. #201
Hialeah, FL 33012*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*815 W. 44 St. #201, Urbano Ramon Orellana-Maya
Hialeah Fl. 33012*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*815 W. 44 St #201, Urbano Ramon Orellana-Maya
Hialeah Fl. 33012*

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]
Signature/Registered Agent / Incorporator

08-09-04
Date

04 AUG 11 PM 1:04

RECORDED & INDEXED
STATE OF FLORIDA