

OCT-14-2007 05:34 DE :
Division of Corporations

A:93053577424185020503P.1

Page 1 of 1
SECRETARY OF STATE
DIVISION OF CORPORATION:

04 OCT 15 AM 10: 53

Florida Department of State
Division of Corporations
Public Access 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.

(((H04000206046 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 : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FLORIDA PROFIT CORPORATION OR P.A.

AMANDA MEDICARE SERVICES, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 OCT 15 AM 10:53

4040002060463.
ARTICLES OF INCORPORATION

OF

AMANDA MEDICARE SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

AMANDA MEDICARE SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

AMANDA MEDICARE SERVICES, INC.

Yohima del Corral
4080 SW 84 Ave
Miami, FL. 33155.
(305) 485 9300

4040002060463.

11040002060463.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**LEONARDO MARTINEZ
175 FONTAINEBLEAU BLVD SUITE # 2K1
MIAMI, FL. 33176**

The principal office shall be:

**175 FONTAINEBLEAU BLVD SUITE # 2K1
MIAMI, FL. 33176**

11040002060463.

104 000 206 046 3.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** persons, and the name and address of the person who is to serve as an initial director is:

LEONARDO MARTINEZ
175 FONTAINEBLEAU BLVD SUITE # 2K1
MIAMI, FL. 33176

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

LEONARDO MARTINEZ
175 FONTAINEBLEAU BLVD SUITE # 2K1
MIAMI, FL. 33176

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 14 OCTOBER, 2004



LEONARDO MARTINEZ

104 000 206 046 3.

H040002060463.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision 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,

1. The Name of the corporation is:

AMANDA MEDICARE SERVICES, INC.

2. The Name and Address of the registered agent and office is

**LEONARDO MARTINEZ
175 FONTAINEBLEAU BLVD SUITE # 2K1
MIAMI, FL. 33176**

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 POSITION AS REGISTERED AGENT.

SIGNATURE

Leonardo

Dated: OCTOBER 14, 2004

H040002060463.

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATION
04 OCT 15 AM 10:53