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SECRETARY OF STATE
ALL ALASSEF, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	D & D MEDICAL CARE, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:). Fuentes (Printed or typed)		
	60 E. 3rd	ST. APT. 1207		
•		Address		
	Hialeah, FL. 33010			
	City,	State & Zip		
		383-8754		
	Daytime, i	elephone number		
	:::	The second section of the control of	•	

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

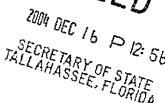
ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

D & D Medical Care, INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4292 Palm Ave. Hialeah, FL. 33010

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: **Medical Center**

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis O. Fuentes - 60 E. 3rd ST. Apt. 1207. Hialeah, FL. 33010 - PRESIDENT

ARTICLE VI REGISTERED AGENT

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

60 E. 3rd ST. Apt 1207. Hialeah, FL. 33010

Luis O. Fuentes

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

Luis O. Fuentes. 60 E. 3rd ST. Apt. 1207. Hialeah, FL. 33010

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 10-14-2004 Date

Signature/Incorporator