

P0500002685/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

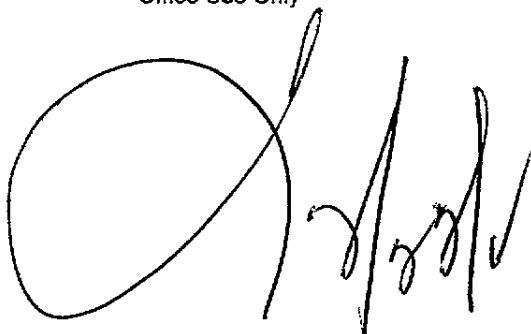
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE REGISTRATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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. Y. Y. L. MEDICAL CARE CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 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

ARTICLES OF INCORPORATION
FOR

Y.Y.L. MEDICAL CARE, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I

The name of the corporation shall be:

Y.Y.L. MEDICAL CARE, CORP.

ARTICLE II

This corporation shall commence existence upon the date of filing with Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

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

10550 NW 77TH CT STE #303
MIAMI FL 33016

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business in Florida.

ARTICLE V

The aggregate number of shares, which this corporation shall have authority to issue, are 1,000 shares having an individual par value of \$1,000.00 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 VI

The name(s) and address (es) of the initial Registered Agent of this corporation shall be:

Name: NIVIO D. LA GUARDIA
Address: 6055 West 19 Ave Apt # 418
Hialeah Fl 33012

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

Name: Nivio D. La Guardia-----President
Address: 6055 West 19 Ave Apt #418
Hialeah Fl 33012

ARTICLE VIII

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

Name: Nivio D. La Guardia

Address: 6055 West 19 Ave Apt #418
Hialeah Fl 33012



Signature

The undersigned has executive these Articles of
Incorporation this 18 day of February, 2005

ARTICLE IX

Shareholders:

Name: Nivio D. La Guardia

Address: 6055 West 19 Ave Apt #418
Hialeah Fl 33012

Shares---100%



Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND
TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PALACE
DESIGNATED IN THE ARTICLES OF
INCORPORATION, 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 ARTICLES RELATING TO THE PROPER
COMPLETE PERFORMANCE OF MY DUTIES AND I
AM FAMILIAR WITH AND ACCEPT THE
OBLIGATIONS POSITION AS REGISTERED AGENT.



Registered Agent-Incorporator

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TALLAHASSEE, FLORIDA

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