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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Rick up time 🔬 .00 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Certified Medical Care Inc.

<u>ARTICLE II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of the corporation shall be:

721 NW 29 Street Miami, FL 33127

<u>ARTICLE III – SHARES</u>

100 (One Hundred) at \$1.00 (one dollar) each

<u>ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Jacqueline Leyva 19684 NW 86 CT Miami, FL 33015

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the corporation to these Articles of incorporation is:

Jacqueline Leyva 721 NW 29 Street Miami, FL 33127 The undersigned incorporator has executed these articles of Incorporation this <u>27</u> day of <u>April</u>, 2005

Jacque line Lyna Signatures

ARTICLE VI – DIRECTOR(S)

The name (s) and street address (es) of the Director(s) to these ARTICLES OF INCORPORATION IS (are)

Jacqueline Leyva (PRESIDENT) 19684 NW 86 CT Miami, FL 33015

Stephanie Leyva (VICE PRESIDENT) 19684 NW 86 CT Miami, FL 33015

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

Having been named as Registered Agent and to accept service of process for the above state corporation at place designated in this certificate. I hereby accept the appointments as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature