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LAZARUS CORPORATE FILING SERVICE

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SECREMAY OF STATE FACTORIDA

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Photocopy ₩ill wait 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 **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report ■ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

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:

H&B MEDICAL SERVICES INC.

ARTICLE II - PRINCIPAL OFFICE

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

850 NW 87th Ave. \$202 Miami FL 33/12

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sahily ferrichet. 850 NW 87th Ave \$ 202 Miami FL 33172.

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GEORETALL STATE FALLAHASSEF FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of	
Incorporation is:	
Sahity ferichet 850 NW 87th Ave. \$ 202 Miami FL	33172
The undersigned incorporator has executed these Articles of Incorporation this 27 day of 1000 2005	
Signature Signature	

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 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