# P0500093975

(Re	questor's Name)					
(Add	dress)					
(Address)						
(City	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

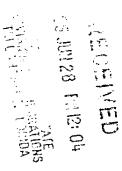
Office Use Only

2544 W05-31823



400055957294

06/28/05--01042--016 \*\*78.75



2005 JUN 30 PM 3: 32

of 7/01/05

# LAZARÜS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

2005 JUN 30 PM 3: 32

JUNE LARY OF STATE
MALLAHASSEE FLORIDA

		Office Use Only				
CO	RPORATION NAME(S) & DOC	UMENT NUMBER(S), (if	known):			
1. <u>/</u>	M & M MEDICAL (Corporation Name)	SERVICE TW (Document #)	<u>C </u>			
2.	•	,				
	(Corporation Name)	(Document #)				
3	(Corporation Name)	(Document #)				
4.						
-	(Corporation Name)	(Document #)				
f	Walk in Pick up time	2.06	Certified Copy			
[	Mail out Will wait	☐ Photocopy	Certificate of Status			
<u>N</u>	EW FILINGS	<u>AMENDMENTS</u>				
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger				
Q	THER FILINGS	REGISTRATION/QUALIFICATION				
	Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	nip			

**Examiner's Initials** 



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State FILEU

2005 JUN 30 PM 3: 32

PALLAHASSEE FLORISA

June 29, 2005

١

LAZARUS CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165

SUBJECT: M & M MEDICAL SERVICE INC.

Ref. Number: W05000031823



We have received your document for M & M MEDICAL SERVICE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 305A00043939

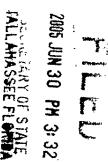
#### ARTICLES OF INCORPORATION

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:

MXI Medical service Inc.



#### ARTICLE IL - PRINCIPAL OFFICE

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

2166 W 60S+#15108 H: Aleah, Fl 33016

#### 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:

MARCELO GONZALEZ 2166 W 605+#15108 HIRLEAL, F/ 33016

#### ARTICLE V - INCORPORATOR

The name and street address	of the	he incorporator t	to these	Articles of
Incorporation is:	11	1		

MARCELO GONZALEZ 2166 W 6051. #15108 Hi Alenh, Fl 33016

The undersigned incorporator has executed these Articles of Incorporation this 27 day of 50n6 2005

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these

Articles of Incorporation is (are):

1.7.4

President HARCELO GONZalez 2166 W 6057#15108 Hislah, Fl 33016

## 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