

P 05000122458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

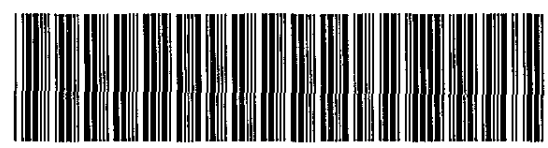
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700059000097

09/06/05--01004--022 \*\*78.75

RECEIVED  
05 SEP '06 AM 9:19  
05 SEP -6 PM 3:37  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
STATE OF MISSISSIPPI

B. McKnight SEP 07 2005

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. NF MEDICAL SERVICES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**NF MEDICAL SERVICES, INC.**

*THE UNDERSIGNED incorporated hereby makes, subscribes, acknowledges and files with the Department of State this corporation for profit in accordance with the law of the State of Florida.*

**ARTICLE I**  
**NAME OF CORPORATION**

*The name of the corporation shall be:*  
**NF MEDICAL SERVICES, INC.**

**ARTICLE II**  
**NATURE OF BUSINESS**

*The general nature of the business to be transacted by the Corporation shall be to engage in any lawful act permitted under the laws of the United States of America and of the State of Florida, as limited by the provisions of the Florida Corporation Act.*

**ARTICLE III**  
**CAPITAL STOCK**

*The maximum number of shares of capital stock authorized be issued by this corporation shall be **ONE HUNDRED SHARES** of common stock with no par value.*

*Each of said shares of stock should entitle the holder to on vote at any meeting of the stockholders. All or any part of said capital stock might be paid in cash, in property (other than stock securities) or in labor or services at a fair valuation to be fixed by the incorporator. All stock, when issued, shall be fully paid for and shall be non-assessable.*

**ARTICLE IV**  
**INITIAL CAPITAL**

*The amount of capital with which this corporation shall begin business shall be no less than **FIVE HUNDRED DOLLARS (\$ 500.00)**.*

**ARTICLE V**  
**TERM OF EXISTENCE**

*This corporation shall have perpetual existence.*

**ARTICLE VI**  
**PRINCIPLE OFFICE**

*The following shall be the street and principal office of this corporation, but this corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices in their places of business at such other places within or without the State of Florida that may be deemed expedient:*

**125 WEST 8<sup>TH</sup> STREET # 2 HIALEAH, FL 33010**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -6 PM 3:37

**ARTICLE VII  
BOARD OF DIRECTORS**

*This corporation shall have not less than two directors initially. The number of directors may be increased or diminished from time to time, by the By-laws adopted by the stockholders. The names and street addressee of the members of the first Board of Directors is:*

**NANCY FUENTES  
PRESIDENT & SECRETARY**

**125 West 8<sup>th</sup> Street # 2  
Hialeah, FL 33010**

**ARTICLE VIII  
SUBSCRIBERS**

*The names and addresses of the subscribers of these Articles of Incorporation, and the number of shares of stock, which they agree to take, are:*

**NANCY FUENTES  
100 Shares**

**125 West 8<sup>th</sup> Street # 2  
Hialeah, FL 33010**

**ARTICLE IX  
REGISTER AGENT**

Register Agent:

**NANCY FUENTES  
125 West 8<sup>th</sup> Street # 2  
Hialeah, FL 33010**

**ARTICLE X  
AMENDMENT**

*These articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.*

**IN WITNESS WHEREOF**, *the undersigned has hereunto set their hands and seal*  
*this 1<sup>st</sup> day of September, 2005.*

  
\_\_\_\_\_  
Nancy Fuentes

**STATE OF FLORIDA  
COUNTY OF DADE**

*I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **NANCY FUENTES**, known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed to those Articles of Incorporation.*

*Notary Public  
Personally Known*

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE VERIFIED**

*In pursuance of Chapter 48.091, Florida **NF MEDICAL SERVICES, INC.** desiring to organize under the laws of the State of Florida, with its principal office at 125 West 8<sup>th</sup> Street # 2 Hialeah, FL 33010 County of Miami-Dade, has named, **NANCY FUENTES** as its agent service of process within this State.*

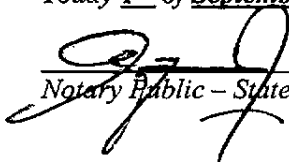
**ACKNOWLEDGMENT:**

*Having been named to accept service of process for the above stated people, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office.*

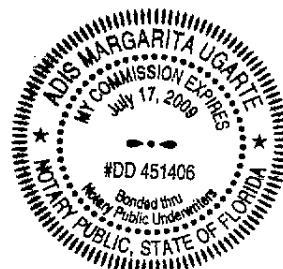
  
\_\_\_\_\_  
*Nancy Fuentes*

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

*Sworn to and subscribed before me  
Today 1<sup>st</sup> of September, 2005 at Miami, FL.*

  
\_\_\_\_\_  
*Notary Public - State of Florida*

*My Commission Expires:*



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP - 6 PM 3: 37