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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
FINEST MEDICAL	SERVICES INC, (Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
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Domestication	Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Panert	☐ Foreign	
Annual Report Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark	
	☐ Other	
	Examiner's Initials	

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 1 - NAME

The name of the corporation shall be:

Finest Medical Services Inc.



ARTICLE II - PRINCIPAL OFFICE

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

4461 Palm ave.

Hialeah, FL 33012

Suite C

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:

Cesar E. Gonzalez

16224 SW. 55 terrace

Miami, FL 33185

ARTICLE V - INCORPORATOR

The name and street address of t	the incorporator to these Articles of
Cesar. E. Gonzalez	16224 S.W. 55 terrace Jiami, FL 33185

The undersigned incorporator has executed these Articles of Incorporation this 12 day of December 2005.

Signature

ARTICLE VI- DIRECTOR (S)

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

Cesas. E. Gonzalez President

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