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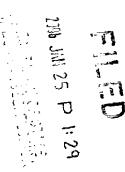
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LAZARUS CORPORATE FILING SERVICE

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 Certified Copy ☐ Will wait Certificate of Status ☐ Mail out - Photocopy <u>NEW FILINGS</u> <u>AMENDMENTS</u> Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION STATES

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:

Blue Lakes MEDICAL SErvices, Corp.

ARTICLE II - PRINCIPAL OFFICE

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

6040 NW 1555T wite 204

MARIN LAKOS, 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:

#016 DEGO 8040 NW 155 ST Scrite 204 Widni Lakes, Fl. 33016

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

1000 DIEGO 8040 NW 155 ST SUITE 204 HUANN LAKOS, Fl. 33016

The undersigned incorporator has executed these Articles of Incorporation this day of 200

Signature

ARTICLE VI DIRECTOR(S)

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

2000 NW 155 ST. Suite 204 WANN LAKES. 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