

MAR 16 2006 11:09AM AS HOMECE 305 229 1993 10.64 Page 1 of 1  
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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.  
Account Number : I20030000011  
Phone : (305) 263-9500  
Fax Number : (305) 229-0985

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Kendall Computer Repair, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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**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 Article of Incorporation.

**ARTICLE I- NAME**

KENDALL COMPUTER REPAIR, INC.

**ARTICLE II-PRINCIPAL OFFICE**

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

11119 SW 122 COURT  
MIAMI, FL 33186

**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:

LUIS ALBERTO GARCIA  
11119 SW 122 COURT  
MIAMI, FL 33186

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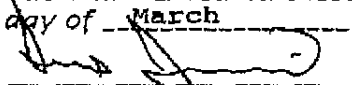
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

Luis Alberto Garcia  
11119 SW 122 Court  
Miami, FL 33186

The undersigned incorporator has executed these Articles of Incorporation this 16 day of March 2006



Signature

ARTICLE VI- DIRECTOR(S)

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

Luis Alberto Garcia -----President  
11119 SW 122 Court  
Miami, FL 33186

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

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