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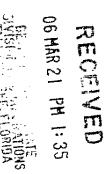


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SECRETARY OF STATE PLORIDA

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LAZARUS CORPORATE FILING	SERVICE	•
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit	Amendment Resignation of P	A., Officer/Director
Limited Liability	Change of Regist	
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☐ Other	☐ Merger	
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report	☐ Foreign	
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	Reinstatement Trademark Other	
		Examiner's Initials

CR2E031(7/97)

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ARTICLES OF INCORPORATION

SECHETARY OF STATE TALLAHASSEE, FLORIDA

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:

Kelly's Medical Services, Inc

ARTICLE II - PRINCIPAL OFFICE

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

11398 West Flagler St Soife 202, MiAni FlA 33174 ARTICLE III-SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ricardo Armentaros 675 NW 122 passage Miani FIA 33182

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of		
Incorporation is:		
RICARDO ARMENTEros		
675 NW 122 passage NUMBER 714 33182		
NUAMI F14 33182		
The undersigned incorporator has executed these Articles of		
Incorporation this 0.3 day of 20 2006		
Mett _		
Signatura		
ARTICLE VI- DIRECTOR(S)		
The name(s) and street address (es) of the director(s) to these Articles of		
Incorporation is (are): JORGE ALFONSO / VICE PRESIDENT		
RICARDO ARMENTEROS President		
675 NW 122 passage		
MiAmi FlA 33/82.		
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