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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
1. P. M. A. HEALTH SE (Corporation Name)	ERVICES INC.	
(Corporation Name)	(Document #)	
2.	<u> </u>	
(Corporation Name)	(Document #)	
3.		
(Corporation Name)	(Document #)	· ·
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report	☐ Foreign	
☐ Fictitious Name	Limited Partnership	-
	Reinstatement Trademark	,
	Other	
CR2E031(7/97)	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 I - NAME

The name of the corporation shall be:

P.M.A. HEALTH SERVICES INC

ARTICLE II - PRINCIPAL OFFICE

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

15019 SW 54th STREET MIAMI FLA 33185

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:

MEDARDO TORRES 5500 EAST 7th AVE HIALEAH FLA 33013

ARTICLE V - INCORPORATOR

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

JORGE PELAEZ 1000 SW 96 AVE MIAMI FLA 33174

The undersigned incorporator has executed these Articles of Incorporation this 7th day of MARCH 2005x 2006

Signature

ARTICLE VI- DIRECTOR (S)

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

ALFREDO VALDIVIESO 15419 SW 54th STREET MIAMI FLA 33185 06 MAR 22 AM IO: 13

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