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LAZARUS CORPORATE FILING SERVICE	
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CORPORATION NAME(S) & DOCUMENT NO AMAYA MEDICAL (Corporation Name)	
2. (Corporation Name)	(Document #)
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NEW FILINGS  Profit  Not for Profit  Limited Liability  AME	(Document #)  Certified Copy  otocopy  Certificate of Status  NDMENTS  Immendment  Lesignation of R.A., Officer/Director  Change of Registered Agent Dissolution/Withdrawal
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	Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEBERY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

## ARTICLE I- NAME

THE NAME OF THE CORPORATION SHALL BE:

# KAMAYA MEDICAL SERVICES, INC

# ARTICLE II- PRINCIPAL OFFICE

1800 SW 1 STREET SUITE # 306-B MIAMI, FLORIDA 33135.

#### **ARTICLE III- SHARES**

1000 SHARES OF \$ 1.00

ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADD.

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JOSE A. ALEMAN 1800 SW 1 STREET SUITE # 306-B MIAMI,FL 33135.

# ARTICLE V-INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

JOSE A. ALEMAN 1800 SW 1 STREET SUITE #306-B MIAMI, FLORIDA 33135.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS \_\_\_31\_\_\_\_ 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):

JOSE A. ALEMAN 1800 SW 1 STREET SUITE# 306-B MIAMI, FLORIDA 33135. PRESIDENT DIRECTOR SECRETARY

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 COMPLAY 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.