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

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**PRESTIGE MEDICAL SERVICES INC.**

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4/10/06

ARTICLE OF INCORPORATION  
OF  
PRESTIGE MEDICAL SERVICES INC.

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: PRESTIGE MEDICAL SERVICES INC.

The principal place of business of this corporation shall be:  
16071 SW. 147 th.LN.  
MIAMI, FL. 33196

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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MAY 12 2006

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

YVONNE CAMPS	DIRECTOR
16071 SW. 147 th. LN.	
MIAMI, FL. 33196	

ARTICLE VI INCORPORATOR(S)

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

YVONNE CAMPS	PRESIDENT, SECRETARY & TREASURER
16071 SW. 147 th. LN.	100 shares
MIAMI, FL. 33196	

The undersigned has (have) executed these Article of Incorporation this 8 th. day of April, 2006.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:\_\_\_\_\_

PRESTIGE MEDICAL SERVICES INC.

2. The name and address of the registered agent and office

is YVONNE CAMPS

(Name)

16071 SW.147 th.LN.

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33196

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE 4-6-06