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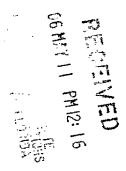
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Examiner's Initials

ARTICLES OF INCORPORATION OF

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ARTICLE VI NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME	George	2 Gonz	alez
			Terrace
CITY M	ami S	TATE E	ZC 33184
7	_		
NAME	Vanesso	_ Afrara	inga
ADDDECC	129/19	_ Afrara	Prince
ADDDECC	129/19	501 8 7	inga. Terrace - ZC 33184

ARTICLE VIII INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

	GWHL	الم الم الم الم			(0007 /)	
ADDRE	SS 13949	ടധ ഭ	Tarra	ce		
CITY _	Miami	STATE	FC.	ZC 多	3184	
NAME	Vanassa	Alvara	nga. T	TTLE VICE	/Pras	
	SS 13949	500 8	Terroce			
	Miami		FL	ZC 3	3184	
IN WITNESS Articles of Inc	•	•	_	criber (s) hav	ve executed the ofO	
			Seal)			
•						

STATE OF FLORIDA)) SS	
COUNTY OF DADE) 33	
Before me, a Notary and County set for above, pe		take acknowledgement in the State
G	eorge Gonza	2002
		o executed the foregoing Articles of e that <u>り</u> executed these
		nto affixed my hand and seal, in the MGY of 2006 .
		Loseoina
		Notary Public State of Florida at Large
		Expires 9/13/. Carried eva (800): Florida Notary As:

L BALLINA

County EGM61703
Expines 6/18/2006
Bended thru (800)432-42*
Ploride Notary Assn., Inc.

CERTIFICATE OF REGISTERED AGENT

<u>OF</u>

	Glez	Medica	e Car	nter	Inc	
In pursin compliance		~ ′	Florida St	tatutes, th	ne following	s is submitted,
organize und	er the laws of	Slez Med f the State of 1 ation at the Ci med:	Florida wi	th its ori	ncipal offic	desiring to e as indicated State
	Mr/Ms _ Located : City of _ State of	GLOrga at 13949 Miami	SW 8 County of	20lez Têrr Dad	ace de	

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent