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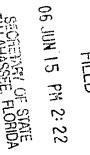
(Re	equestor's Name)	_		
(Ad	dress)			
(Aḍ	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		

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CB 6-16-06

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	SUN SOUTH C	ONSULTING	, Inc.	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	•			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
		<u> </u>		
FROM:	CARLOS	CUNI		
FROM: CAROS CUNI Name (Printed or typed)				
#20 SW 72 σ. Address				
Audiess				
Miami Florida, 33144 City, State & Zip				
City, State & Zip				
786 261 3448 786 316 2915 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
in compliance with Chapter 607 and/or Chapter 621, F.S. (Front)	AC UM 15 DH 0. 00
ARTICLE I NAME	06 JUN 15 PM 2: 22
The name of the corporation shall be:	SECRETARY OF STATE
SUNSOUTH CONSULTING, INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	<i>:</i>
620 SW 72 CT. MIAMI, FI, 3	3144
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
MEDICAL CONSULTING	
ARTICLE IV SHARES	
The number of shares of stock is:	•
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
CARLOS CUNI/ DIRECTOR	
	_ (.)
620 SW FZ CT Miami, FI,	38144
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered	agent is:
CARLOS CUNI	
620 SW 72 CT Miami, Fl , 3	33144
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
CARLOS CUNI	
620 SW 72 CT MIAMI, FI,	33144
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporati certificate, I am familiar with and accept the appointment as registered agent and agree to act in thi	ion at the place designated in this
	06 10 0001
Signature/Registered Agent p	06 - 12 - 2006 Date
Signiture registered rigent p	06-12-2006
(, e, A)A 152-A	

Signature/Incorporator

06-12-2006 Date