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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

URRA MEDICAL SERVICES, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

URRA MEDICAL SERVICES, CORP.

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 corporation shall be: **URRA MEDICAL SERVICES, CORP.**

The principal place of business of this corporation shall be:

**5275 NW 158 TERR # 103
MIAMI, FL 33014**

ARTICLE II- NATURE OF BUSINESS

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

ARTICLE III-CAPITAL STOCK

The maximum number of shares with this Corporation is authorized to have outstanding at any time is 1000 shares of common stock having no par value.

ARTICLE IV-TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V-INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of ONE member(s):

The numbers of directors may be increased from time to time by vote of the Board of Directors, but in no case shall the number of directors be less than one nor more than 15.

The name(s) and address(es) of the director(s) constituting the initial Board of Directors is/are:

Name
JOEL URRRA

Address
5275 NW 158 TERR # 103
MIAMI, FL 33014


ARTICLE VI- INCORPORATOR(S)

The name(s) and address(es) of the Incorporator is/are:

Name
JOEL URRRA

Address
5275 NW 158 TERR # 103
MIAMI, FL 33014

The undersigned has(have) executed these Articles of Incorporation this



Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICER**

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

1. The name of the corporation is: **URRA MEDICAL SERVICES, CORP.**
2. The name and address of the registered agent and officer is :

**JOEL URRA
5275 NW 158 TERR # 103
MIAMI, FL 33014**

**HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED, AS REGISTERED AGENT 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 REGISTERED AGENT.**



Signature

06/20/06

Date

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SECRETARY OF STATE
DIVISION OF REGISTRATION