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CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if known):	
1. AVILA MEDICAL SEA (Corporation Name)	RVICE, CORP.	
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☐ Fictitious Name	Limited Partnership	* . ,
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	Other	
		* * */*.*.
CR2E031(7/97)	Examine	r's Initials

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE STATE OF SEP -6 PM 2: 28

ARTICLE I - NAME

The name of the corporation shall be:

Avila MEdiCAL SERVICE. CORp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

25/37 SW 133 PL. HOMESTEAD FL 33032.

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

25137 SW 133 PC. Homesterd EL 33032. MAYRA ANGELA-AVILA.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles o	f
Incorporation is:	
MAYRA ANGELA HUITA	
25-137 SW 133 PL.	
Incorporation is: MAYRA ANGE A AUITA. 25-137 SW 133 PL. HOMESTEAD FL 33032. The understaned incorporator has executed these Articles of	-
anacinituca micorborator mas cyclates direct virietes at	
Incorporation this 05 day of SEptember 2006.	
Ol Verile	
Signature	OS IVIE
7	SET SEE
ARTICLE VI- DIRECTOR (S)	o PAT
	₽ 95.H
The name(s) and street address (es) of the director(s) to these	N 280
Articles of Incorporation is (are):	多。
Articles of Incorporation is (are): MAYRA ANGELA AVILA. PRESID	S. S.
	-

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 comply 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