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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.  
Account Number : I20030000011  
Phone : (305) 263-9500  
Fax Number : (305) 229-0985

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Metro Riser Electric, Inc.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

### 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 Article of Incorporation.

#### ARTICLE I- NAME

Metro Riser Electric, Inc.

#### ARTICLE II-PRINCIPAL OFFICE

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

436 East 13 Street  
Hialeah, FL 33010

#### 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:

Reinaldo Vladirmir Fernandez  
436 East 13 Street  
Hialeah, FL 33010

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TALLAHASSEE, FLORIDA

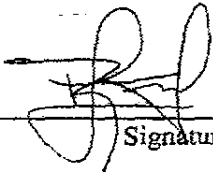
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**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Reinaldo Vladirmir Fernandez  
436 East 13 Street  
Hialeah, FL 33010

The undersigned incorporator has executed these Articles of Incorporation this 11<sup>th</sup>  
day of September, 2006.

  
\_\_\_\_\_  
Signature

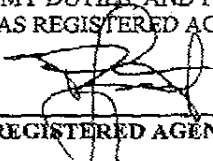
**ARTICLE VI - DIRECTOR(S)**

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

Reinaldo Vladirmir Fernandez \_\_\_\_\_ **PRESIDENT**  
436 East 13 Street  
Hialeah, FL 33010

**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 COMPLETED PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
REGISTERED AGENT SIGNATURE

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