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LAZARUS CORPORATE FILING SERVICE MIAMI, FL 33165 (305) 552-5973

3320 SW 87TH AVENUE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) Walk in Pick up time 2.06 Certified Copy Photocopy Mail out Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director ☐ Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner'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.

ARTICLE I - NAME

The name of the corporation shall be:

MED SERVICES CARE; INC

ARTICLE II - PRINCIPAL OFFICE

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

175 SE 25 RD APT# 11F MIAMI, FL 33129 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:

JOSE ROBERTO DUENAS
175 SE 25 RD APT # 11 F
MIAMI, FL 33/29

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ARTICLE V - INCORPORATOR

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

JOSE ROBERTO DUENAS 175 SE 25 RD APT# 11 F MIAMI, FK 33129

The undersigned incorporator has executed these Articles of Incorporation this 28 day of FBRUARY 2007

Signature

ARTICLE VI- DIRECTOR(S)

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

JOSE ROBERTO DUENAS - P MARIA & ROQUE - VP

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