

PO7000041089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

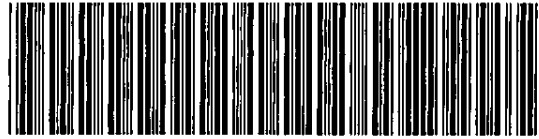
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07 APR -2 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** C & J MEDICAL SERVICES, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- |                                  |   |                                   |  |
|----------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> \$70.00 | <input checked="" type="checkbox"/> \$78.75 | <input type="checkbox"/> \$122.20 | <input type="checkbox"/> \$131.25              |
| Filing Fee                       | Filing Fee<br>& Certificate                 | Filing Fee<br>& Certified Copy    | Filing Fee,<br>Certified Copy<br>& Certificate |

**FROM:** MAYELIN MUNOZ  
Name (Printed or typed)

14148 SW 121 PLACE  
Address

MIAMI, FLORIDA 33186  
City, State & Zip

(786) 546 1480  
Daytime Telephone Number

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

# ARTICLES OF INCORPORATION

*The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:*

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TALLAHASSEE, FLORIDA

## ARTICLE I

### Name

The name of the corporation shall be:

C & J MEDICAL SERVICES, INC.

## ARTICLE II

### Principal place of business and mailing address

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

14148 SW 121 PLACE

MIAMI, FLORIDA 33186

## ARTICLE III

### Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR  
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED  
STATES AND THE STATE OF FLORIDA

## ARTICLE IV

The officers of the corporation shall be:

President:	<u>MAYELIN MUNOZ</u>
Secretary	<u>ANTONIO A. MUNOZ</u>
Treasurer:	<u>FRANCISCO PERDIGON</u>

Filing Fee &

CERTIFICATE: \$78.75

## Limitation of Corporate Powers

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

**Initial registered agent and street address**

MAYELIN MUNOZ

14148 SW 121 PLACE

MIAMI, FLORIDA 33186

## Incorporators

MAYELIN MUNOZ

14148 SW 121 PLACE

MIAMI, FLORIDA 33186

**Signature(s) of incorporator(s):**

Mayelin Munoz  
MAYELIN MUNOZ

**Typed name of incorporator signing**

**Typed name of incorporator signing**

**These Articles of Incorporation shall be effective immediately upon approval of the Secretary of the State of Florida.**

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: C & J MEDICAL SERVICES, INC.  
(must include suffix)

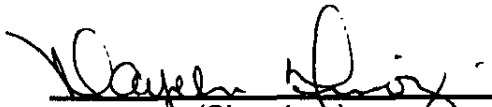
2. The name and address of the registered agent and office is:

MAYELIN MUNOZ  
(Name)

(Street address - P.O. Box or Mail Drop Box NOT acceptable)

14148 SW 121 PL Miami, FL 33186  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above  
stated corporation at the 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 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)

03/27/07  
(Date)

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