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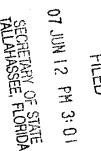
| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | • | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400104213584

06/12/07--01031--012 **78.75



1H

COVER LETTER

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

| Enclosed are an ori | iginal and one (1) copy of the arti | cles of incorporation and | d a check for: |
|---------------------|---------------------------------------|---------------------------------------|---|
| \$70.00 Filing Fee | Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |
| | | ADDITIONAL CO | Status |
| FROM: | Henry Lee | Givens | |
| | 10500 5. | (Printed or typed) W. 149 3 Address | St. |
| | M. am:, / | 33 State & Zip | 176 |
| .* | | | |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|---|--|
| ARTICLE I NAME | FILED |
| | (CO7 1114) |
| The name of the corporation shall be: Miam: Bahamas Medical Service, In | JUN 12 PM 3: NI |
| print Euraeman record | SECOURT |
| | TALLAHASSIC OF STATE |
| ARTICLE II PRINCIPAL OFFICE | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| The principal place of business/mailing address is: | |
| 10500 S.W. 149 2 St. | |
| Miami, Fl 33176 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| Medical Consulting | |
| released con solling | |
| | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| 100 | |
| | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): Henry hee Givens, President | • |
| Menig we Given s, Fies. Gent | |
| HENTY Lee Givens, Secretary | |
| Henry Lee Givers, Traisury | |
| Heary we | |
| · | |
| ARTICLE VI REGISTERED AGENT | nantin |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered a | gent is. |
| Henry Lee GIVENS 10500 S.W. 1499 St. | |
| 10500 S.W. 1495 DI. | • |
| Miami, F1 33176 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Henry Lee Givens 10500 S.W. 149 St. | |
| HENRY LEE CONTRACTOR | |
| 10500 5.00 71 | |
| Miani, F1 33176 | |
| ******** | ************************************** |
| Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the apparationent as registered agent and agree to act in this c | |
| | 1-1 |
| Kuntee & Henry Lee GiVENS 6 | 18107 |
| Signature/Registered Agent | Date / |
| 100 | 18/07 |
| geriee - | |
| Signature/Incorporator | Date |
| HENTY LEE GIVENS | |
| | |

ARTICLES OF INCORPORATION