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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W67-5974				



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

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

SUBJECT: Terr	a Medicus Corp.		
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u>	<u>.ude suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
			D 207.50
✓ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
	•		Status
		ADDITIONAL CO	DPY REQUIRED
FROM: IS	mael Galvez		
1 KOWI	Name ((Printed or typed)	
	12464 SW 27 ST		
		Address	
	Miami, FL 33175		
		State & Zip	
	City, i		
	305-300-7736		
		elephone number	
	=	1	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2007

ISMAEL GALVEZ 12464 SW 27 ST. MIAMI, FL 33175

SUBJECT: TERRA MEDICUS CORP.

Ref. Number: W07000059746

We have received your document for TERRA MEDICUS CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) VI.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II New Filing Section

Letter Number: 707A00069319

08 FEB 13 AM 8: 00

Division of Comparations D.O. DOV 6207 Tallahassas Florida 20214

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

. . .

The name of the corporation shall be:

Terra Medicus corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12464 SW 27 St. Miami, FI 33175

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Health courses & Medical Safety Equipment

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):

Ismael Galvez - Owner 12464 SW 27 St Miami, FI 33175

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ismael Galvez 12464 SW 27 St Miami, FI 33175

4.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Ismael Galvez 12464 SW 27 St Miami, FI 33175

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

/- 30 - 0 8 Date

1-30-08

Date