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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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LAZARUS

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CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

| · | Office Use Only | | |
|---|--|--|--|
| ORPORATION NAME(S) & DOCU | MENT NUMBER(S), (if known): | | |
| SERVICES MEDICAL | | | |
| (Corporation Name) | (Document #) | | |
| · | | | |
| (Corporation Name) | (Document #) | | |
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| (Corporation Name) | (Document #) | | |
| | | | |
| (Corporation Name) | (Document #) | | |
| Walk in Pick up time | 2.05 Certified Copy | | |
| Mail out Will wait | Photocopy Certificate of Status | | |
| NEW FILINGS | <u>AMENDMENTS</u> | | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | | |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement | | |

Examiner's Initials



RECEIVED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

DIVISION OF CORPORATIONS
TALLAHOSSEE FLORIDA

March 19, 2008

LAZARUS

SUBJECT: MAIYAMI MEDICAL SERVICES CORP

Ref. Number: W08000014352

We have received your document for MAIYAMI MEDICAL SERVICES CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove one of the names in article VI, you can only have one Registered Agent.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 208A00016510

£.

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:

MAIYAMI MEDICAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 458 W 69 PL HIALEAH FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SERVICES MEDICAL

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of \$ 5.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

FIDEL DE JESUS VEIGA _ PRESIDENT ROSA M. VEIGA __ VICE_PDTE 458 W 69 PL HIALEAH FL 33014

ARTICLE VI REGISTERED AGENT

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

ROSA M. VEIGA 458 W 69 PL

HIALEAH FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FIDEL DE JESUS VEIGA _ PDTE ROSA M. VEIGA _ VICE_ PDTE 458 W 69 PL

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