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FLORIDA PROFIT/NON PROFIT CORPORATION

MILU MEDICAL SERVICES GROUP CORP.

Certificate of Status	0
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**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:**

MILU MEDICAL SERVICES GROUP CORP.

**ARTICLE II - PRINCIPAL OFFICE**

**THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:**

9600 SW 8 ST

SUITE 38

MIAMI, FLORIDA 33174

**ARTICLE III - SHARES**

**THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:**

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

**THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS**

OSVALDO GIL

9600 sw 8 st SUITE 38

MIAMI, FLORIDA 33174

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**ARTICLE V - INCORPORATOR**


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

Oswaldo Gil

9600 SW 8 ST Suite 38

MIAMI, FLORIDA 33174

The undersigned incorporator has executed these Articles of Incorporation  
this \_\_\_\_ day of \_\_\_\_, 20\_\_.

  
\_\_\_\_\_  
Signature

**ARTICLE VI - DIRECTOR (S)**

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

Oswaldo Gil  
9600 SW 8 ST Suite 38  
Miami, Fl 33174  
PRESIDENT

Gabriel A. Sanchez  
Medical Director

**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

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