

FROM : LAZARUS
Division of Corporations

FAX NO. 3052201440

Oct. 12 2009 02:39PM P1

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Florida Department of State
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

MEDICAL PAIN SOLUTION INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MEDICAL PAIN SOLUTION INC

ARTICLE II - PRINCIPAL OFFICE

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

45 SW 36 CT
MIAMI FL 33135

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

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ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS J. MAS
321 W. AMTA A #201
MIAMI FL 33172

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ARTICLE V - INCORPORATOR

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

Luis J. MAS
321 W. PALM DR #201
MIAMI FL 33172

The undersigned incorporator has executed these Articles of Incorporation this

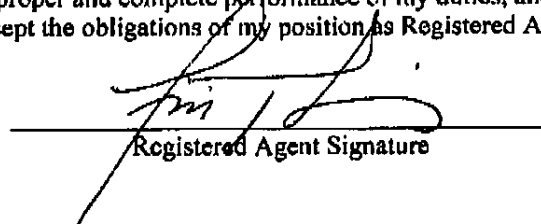
12 day of OCTOBER 2009.
SignatureARTICLE VI - DIRECTOR (S)The name(s) and street address (es) of the director(s) to these Articles
Incorporation is (are):Luis J. MAS - P
Lizbeth GOMEZ - VPSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENTREGISTERED 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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