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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
☐ Not for Profit ☐ Limited Liability	Resignation of R.A., Officer/Director	
Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	☐ Merger	
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Annual Report	☐ Foreign	
Fictitious Name	Limited Partnership	
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ARTICLES OF INCORPORATION

The undersigned incorporate (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

G M MEDICAL SOLUTIONS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

1651 W 37 ST STE 306B HIALEAH, FL 33012

ARTICLE III - SHARES

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

ONE HUNDRED SHARES AT \$1.00 PER VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIGUEL CARDONA 9720 SW 1ST STREET MIAMI, FL 33174

ARTICLE V - INCORPORATOR

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

MIGUEL CARDONA 9720 SW 1ST STREET MIAMI, FL 33174

The undersigned incorporator has executed these Articles of incorporation this 2 day of OCTOBER, 2009.

Signature

MIGUEL CARDONA

ARTICLE VI - DIRECTOR (S)

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

PRESIDENT MIGUEL CARDONA

TREASURER 9720 SW 1ST STREET 50 %

MIAMI, FL 33174

VICE-PRESIDENT GUILLERMO LOBATO

SECRETARY 851 W 36 ST 50 %

HIALEAH, FL 33012

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.

Signature MIGUEL CARDONA

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Witness my hand and official seal at Hialeah, Dade county, Florida, this 2_days of OCTOBER, 2009.

Notary Public, State of Florida

My Commission Expires: