

PD9000092203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

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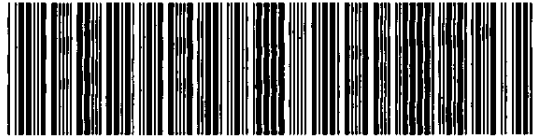
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Chris Salinas
AUTHORIZATION BY PHONE TO **NAME**
CORRECT *#1 + #5*
DATE *11/10/09*
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MRS 11/10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV -9 PM 12:40

FILED

COVER LETTER

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

SUBJECT: Domestication of a Nevada Corporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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First Medical Solutions Corporation

Name (printed or typed)

1151 N. Ft. Lauderdale Beach Blvd, Suite 10D

Address

Fort Lauderdale, FL 33304

City, State & Zip

954-214-1721

Daytime Telephone Number

salins.chris@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Athanasious C Salins, President,
(Name) (Title)

of First Medical Solutions Corporation a foreign corporation,
(Corporation Name)


in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 14, 2007.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Nevada corporation.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was First Medical Solutions Corporation.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is First Medical Solutions Corporation.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Nevada.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Athanasious C Salins, of First Medical Solutions Corporation

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 6th day of November, 2009.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
09 NOV -9 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

First Medical Solutions Corporation

09 NOV -9 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1151 N. Ft. Lauderdale Beach Blvd, Suite 10D, Fort Lauderdale, FL 33304

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

10,000,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Athanasious C. Salins; 1151 N. Ft. Lauderdale Beach Blvd, #10D, Ft. Lauderdale, FL 33304; President

Denis N. Salins; 6524 NW 55 Street, Coral Springs, FL 33067; Vice President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Athanasious C. Salins; 1151 N. Ft. Lauderdale Beach Blvd, suite 10D, Fort Lauderdale, FL 33304;

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Denis N. Salins; 6524 NW 55 Street, Coral Springs, FL 33067

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Date

11/6/09

Signature/Incorporator

Date

11/6/2009