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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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03/22/10--01030--013 **78.75



J. Stilvers MAR 2 9 2010

COVER LETTER

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

SUBJECT: HOSP	i TAL CONHUUI CAT	rous, Inc.	ODE CHEETY	_
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	UDE SUFFIX)	
Enclosed are an origina	al and one (1) copy of the artic	les of incorporation and	a check for:	
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	340 S.W 48 ^H ST	(Printed or typed)	198	2010 MAR 22
	A H1441 FL City, S 786 566 C Daytime Te	ddress 33155 State & Zip		R22 MIL.
	Daytime Te		notification)	

NOTE: Please provide the original and one copy of the articles.

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:

HOSPITAL CONMUNICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Import, export of hospital communications and date related products. Domestic installation, consulting and maintenance of such products.

ARTICLE IV

The number of shares of stock is: $/\phi\phi$

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Hr. Hevin P. Power Vicepresident
Nr. Juan Dorrego President

ARTICLE VI REGISTERED AGENT

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

7340 S.W. 48th Street Nami FL 33155 Juan Domis

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NR JUAN DORREGO 7340 S.W. 48# ST HIAHI FL 33155

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

Signature/Registered Agent

Signature/