

May 06 00:03:46p

Florida Incorporation

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SCIENCE MEDICAL NN CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (P.A.) HASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SCIENCE MEDICAL NN CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address is:

3400 NE 192 ST MYSTIC POINTE TOWER 600 UNIT 406  
MIAMI, FLORIDA 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR & PRESIDENT:

ALFREDO JOSE RAMOS TOLLINCHI

3400 NE 192 ST MYSTIC POINTE TOWER 600 UNIT 406  
MIAMI, FLORIDA 33180

May 06 00 03:46p

A1a Incorporation

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PAGE 2 SCIENCE MEDICAL NN CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIRECTOR & PRESIDENT:

JESUS ALFREDO RAMOS TOLLINCHI

3400 NE 192 ST MYSTIC POINTE TOWER 600 UNIT 406

MIAMI, FLORIDA 33180

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ALFREDO JOSE RAMOS TOLLINCHI

3400 NE 192 ST MYSTIC POINTE TOWER 600 UNIT 406

MIAMI, FLORIDA 33180

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

ALFREDO JOSE RAMOS TOLLINCHI

3400 NE 192 ST MYSTIC POINTE TOWER 600 UNIT 406

MIAMI, FLORIDA 33180

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*



ALFREDO JOSE RAMOS TOLLINCHI / REGISTERED AGENT

05/07/2010

DATE



ALFREDO JOSE RAMOS TOLLINCHI / INCORPORATOR

05/07/2010

DATE