

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
JA MED ,INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Help

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8/5/2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -5 AM 11:00

RECEIVED
11 AUG -5 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS [Signature]

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG -5 AM 11:00

ARTICLE I NAME JA MED, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
8020 NW 10 STREET APT 3
MIAMI FL 33126-2898

Mailing address, if different is:
8020 NW 10 STREET APT 3
MIAMI FL 33126-2898

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE F ARIAS PRESIDENT	Name and Title: _____
Address: 8020 NW 10 STREET APT 3	Address: _____
MIAMI FL 33126-2898	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: JORGE F ARIAS
Address: 8020 NW 10 STREET APT 3
MIAMI FL 33126-2898

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

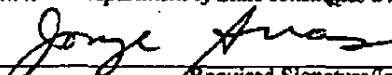
Name: JORGE F ARIAS
Address: 8020 NW 10 STREET APT 3
MIAMI FL 33126-2898

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


Required Signature/Registered Agent

08/05/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

08/05/2011
Date