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Florida Department of State
Division of Corporations
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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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DIVISION OF CORPORATIONS

11 AUG -5 AM 11:00

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: JA MED ,INC.

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
Address: 8020 NW 10 STREET APT 3
MIAMI FL 33126-2898

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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

Jorge Arias
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.

Jorge Arias
Required Signature/Incorporator — 08/05/2011 Date