Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION SEA MEDICAL GROUP, INC

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SEA MEDICAL GROUP, I

2011 OCT 12 AN IO: 14 SECRETARY OF STATE ALL HASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

8225 S.W. 99 ST MIAMI, FL 33156

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMONSTOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SADITA BUSTAMANTE 8225 S.W. 99 ST MIAMI, FL 33156

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

SADITA BUSTAMANTE 8225 S.W. 99 ST MIAMI,FL 33156

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

ALBERTO F. GOMEZ-MERIDA (PRESIDENT) 8225 S.w. 99 ST MIAMI, FL 33156

SADITA BUSTAMANTE (VICE-PRESIDENT & SECRETARY) 8225 S.W. 99 ST MIAMI, FL 33156

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 11 day of OCTOBER 2011.

Signature

Signature

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At 1 1 0 0 0 2 4 6 6 0 9 CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1.	The name of the corp	poration is: SEA	MEDICAL	GROUP, INC

2.	The name and address of the registered agent and offi	ce is SECR	28110	
-	(NAME)	FIA	C	1
	8225 Sw 99 St.	RY O	2	
	(P.O. BOX NOT ACCEPTABLE)	FIS	X	m
	Miami, F. 33156	SATE DRID	ち 定	O
	(CITY/STATE/ZIP)	حند	*	

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 10/11/2011

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