

# P130002259303742

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
CORPORAM MEDICAL, INC.**

Certificate of Status	0
Certified Copy	1
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**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:  
CORPORAM MEDICAL, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
3693 NE 208 TERRACE  
AVENTURA, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
GENERAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

PHILIPPE AMAR, PRES.	ANTHONY AMAR, VICE-PRESIDENT
3693 NE 208 TERRACE	3693 NE 208 TERRACE
AVENTURA, FL 33180	AVENTURA, FL 33180

**ARTICLE VI REGISTERED AGENT**

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


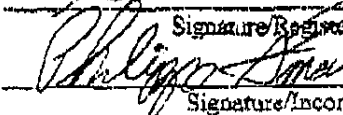
ROBERT BUGOWSKY, C.F.A.  
203 S. 21 AVE  
HOLLYWOOD, FL 33020

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

PHILIPPE AMAR  
3693 NE 208 TERRACE  
AVENTURA, FL 33180

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation as 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/Incorporator

10/9/13  
\_\_\_\_\_  
Date  
10/9/13  
\_\_\_\_\_  
Date

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

CORPOLAM MEDICAL, INC.

(NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO  
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES  
OF INCORPORATION, 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.

  
REGISTERED AGENT