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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE

Account Number : I2000000146

Phone

: (305)444-4994

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Email	Address:			
	•			

FLORIDA PROFIT/NON PROFIT CORPORATION A & B MEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

ARTICLE I NA. The name of the corpora	ME arion shall be: A & B MEDICAL	SERVIC	CES, INC.		
8825 NW 18	INCIPAL OFFICE Principal street address 89 TER	8825	Mailing address, if different is: NW 189 TER 11, FL 33018		
ARTICLE III PUR The purpose for which	THE COMPORATION IS OF SERVICE ANY A	ND ALL I	LAWFUL PURF	20	SE
					3
				1 d NAL 4	S S S S S S S S S S S S S S S S S S S
ARTICLE IV SHA	ARES stock is: 100			PH 2: 16	CHRPORATIONS
	tial officers and/or director (P) JOSE ANTONIO BREA 8825 NW 189 TER MIAMI, FL 33018				
Name and Title		Name and Title:_ Address:		····	
Name and Title Address		Name and Title: Address:			

JAN/21/2014/TUE 12:56 P	M M	FAX No.	P. 003/003
			(conti.)
Name and	Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT Order street address (P.O. Box NOT acceptable JOSE ANTONIO BRE. 8825 NW 189 TER MIAMI, FL 33018		
ARTICLE VII	INCORPORATOR		
The <u>name and add</u> Name: Address:	JOSE ANTONIO BREA 8825 NW 189 TER MIAMI, FL 33018		

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 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

1/20/2014

Date